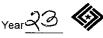
OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses



U.S. Department of Labor

Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

All establishments covered by Part 1904 must complete this Summary page, even if no injuries or illnesses occurred during the year. Remember to review the Log to verify that the entries are complete

Using the Log, count the individual entries you made for each category. Then write the totals below, making sure you've added the entries from every page of the log. If you had no cases write "0."

Employees former employees, and their representatives have the right to review the OSHA Form 300 in its entirety. They also have limited access to the OSHA Form 301 or its equivalent. See 29 CFR 1904.35, in OSHA's Recordkeeping rule, for further details on the access provisions for these forms.

Number of Cases	Carrier Budge (Hudge) - Salah Jacoba (Hudge) - Salah Jacoba		
Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(1)	(1)
Number of Days			
Total number of days away from		Total number of days of job transfer or restriction	
0 (K)	-	0 (L)	_
Injury and Illness	Types		ar Angelogian Der Germann
Total number of			
(1) Injury	0	(4) Poisoning	0
(2) Skin Disorder(3) Respiratory	0	(5) Hearing Loss	0
Condition	0	(6) All Other Illnesses	0

Post this Summary page from February 1 to April 30 of the year following the year covered by the form

Public reporting burden for this collection of information is estimated to average 58 minutes per response, including time to review the instruction, search and gather the data needed, and complete and review the collection of information. Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number. If you have any comments about these estimates or any aspects of this data collection, contact: US Department of Labor, OSHA Office of Statistics, Room N-3644, 200 Constitution Ave, NW, Washindton, DC 20210. Do not send the completed forms to this office.

Your establishment name Adven	t Home Health Care Agency		
Street 700 E Silverado Ranch Bl #	150		
City Las Vegas	State	Nevada	Zip <u>89183</u>
Industry description (e.g., Manufact Home Health Services	ture of motor truck trailers)	,	
Standard Industrial Classification (S	_	•	
R North American Industrial Classifica		336212)	
6 2 1 6			
mployment information			
Annual average number of employe	ees 49		
Total hours worked by all employee year	es last 47524.32		
ign here	Chu	-	
Knowingly falsifying this docume	nt may result in a fine.		
I certify that I have examined this d complete.	ocument and that to the best	t of my knowledge the entries	s are true, accurate, and
Carmina A Michelsen Company executive			Office Manager Title
702-260-4231			