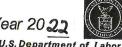
OSHA's Form 300A (Rev. 04/2004)

Summary of Work-Related Injuries and Illnesses

Note: You can type input into this form and save it.

Because the forms in this recordkeeping package are "fillable/writable"
PDF documents, you can type into the input form fields and then save your inputs using the free Adobe PDF Reader.



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 work-related injuries or illnesses occurred during the year. Remember to review the Log to verify that the entries are complete and accurate before completing this summary. 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."					Form approved OM
Comy me Lug, co	ount the <mark>Individual entr</mark> og. If you had no case	IBS VOIL made for each actor	ory. Then write the total	is below, making sure you've added the entries from	
Employees form	er employees and the	dr ronzosant-th t		A Form 300 in its entirety. They also have limited access rule, for further details on the access provisions for	Establishment information Your establishment name Ambassadore Health Care Inc
Number of Cases					Street 1597 E. Windmill Ln Suite 400
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		CityLas Vegas State NV zip 89123
0	0	O	cases O		Industry description (e.g., Manufacture of motor truck trailers)
(G)	(H)				Home Health Agency
UN 198		W	(4)		North American Industrial Classification (NAICS), if known (e.g., 336212)
Number of Day	/s				621EUD
Total number of days away from work Total number of days of job transfer or restriction				Employment information (If you don't have these figures, see the Worksheet on the next page to estimate.)	
0		0		in a	Annual average number of employees
(K) ·		(L)			Total hours worked by all employees last year 5537
Injury and Iline	ess Types	Set Markey S			Sign here
Total number of					Knowingly falsifying this document may result in a fine.
(M) (1) Injuries	0	(4) Poisonings	0		I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.
(2) Skin disorders	0	(5) Hearing loss	0		Company executive Title
(3) Respiratory cond	itions 0	(6) All other illnesses	0		Phone 70/23618000 Title

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 instructions, 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 other aspects of this data collection, contact: US Department of Labor, OSHA Office of Statistical Analysis, Room N-3644, 200 Constitution Avenue, NW,