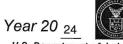
## OSHA's Form 300A (Rev. 04/2004)

## 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

## Summary of Work-Related Injuries and Illnesses

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."

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 Part 1904.35, in OSHA's recordkeeping rule, for further details on the access provisions for these forms.

s		
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
(H)	(1)	(J)
		1116
	0	
	(L)	
s Types		
00 <b>*</b>		
0	(4) Poisonings	0
0	(5) Hearing loss	0
ions 0	(6) All other illnesses	0
	cases with days away from work  O  (H)  To jol  ss Types	Total number of cases with days away from work  O  (H)  Total number of cases with job transfer or restriction  O  (I)  Total number of days of job transfer or restriction  O  (L)  STypes  O  (4) Poisonings  O  (5) Hearing loss

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. Washington, DC 20210. Do not send the completed forms to this office.

Your establishment name	Angels Care	Hospi	ce, Inc.
Street 2850 W H	lorizon Ridge F	kwy, 2	200-229A
City Henderson	State	NV	Zip_89052
Industry description (e	.g., Manufacture of m	otor truc	k trailers)
Hospice Care			
6 2 1 6 1 0	trial Classification (N		
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Employment inform Worksheet on the next Annual average number Total hours worked by Sign here	nation (If you don't he page to estimate.)  er of employees last year of this document nexamined this document nexamined this document.	ar 16	figures, see the

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