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

Summary of Work-Related Injuries and Illnesses

Year 2024
U.S. Department of Labor

Occupational Safety and Health Administration

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

Number of Cases			
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	1	0	0
(G)	(H)	(1)	(J)
Number of Days			
Total number of days away from work	STATE OF THE STATE	Total number of days of job transfer or restriction	
189		0	
(K)		(L)	
Injury and Illness 1	Гуреѕ		
Total number of (M)			
(1) Injury	5	(4) Poisoning	0
(2) Skin Disorder	0	(5) Hearing Loss	0
(3) Respiratory 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, Washington, DC 20210. Do not send the completed forms to this office.

		11.4	7 Los Vogos NV		
Your estal	blishment name	1147 Las Vegas, NV			
Street _		4040 South Eastern Ste 300			
City _	Las Vegas	State	Nevada	Zip89119	
Industry d	escription (e.g., Manufacture of r	notor truck trailers) Home Health Cal	re Services		
Standard	Industrial Classification (SIC), if I	known (e.g., SIC 3715)			
OR North Ame	erican Industrial Classification (N 621610	AICS), if known (e.g., 336	212)		
mployment	tinformation				
Annual av	erage number of employees	150			
Total hour year	s worked by all employees last	250,435			
ign here	Value And Andreas	result in a fine.			
I certify the complete.	at I have examined this documen	t and that to the best of m	y knowledge the entries are	e true, accurate, and	
Amk	Der More Company executive		Executive	Director	
mon	111-2-0200		11201	25	