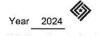
OSHA's Form 300A (Rev. 01/2004)

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			
Total number of deaths	Total number of cases with days away from work 0	Total number of cases with job transfer or restriction	Total number of other recordable cases
(G)	(H)	(1)	(<u>n)</u>
Number of Days			
Total number of days away from work		Total number of days of job transfer or restriction	
0	- 3	0	<u>_</u> .
(K)		(L)	
Injury and Illness T	ypes	建基金的基础	
Total number of (M)			
(1) Injury	5	(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 50 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 sent the completed forms to this office.

Tour	establishment name Summ	erlin Healthcare LLC dba Comfo	rt Home Health and Hos	pice
Stree	6655 W. Sahara Ave STE I	0202		20122
City	Las Vegas	State	NV	Zip 89146
Indus	try description (e.g., Manufact Home Healthcare	ure of motor truck trailers)		
Stand	lard Industrial Classification (S	SIC), if known (e.g., SIC 3715)		
R North	American Industrial Classifica	_ ation (NAICS), if known (e.g., 336	5212)	
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Δηημ	al average number of employe	es 78.5		
Calling				
+				
	hours worked by all employee	s last		
Total year	hours worked by all employee			
	hours worked by all employee	s last		
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