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 0	Total number of other recordable cases	
(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 1	ypes			
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 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 OMS control number. If you have any comments about these estimates or any aspects of this data collection, contact: US Department of labor OSHA Critica of Statistics. Room N-3644 200 Constitution aver NW. Washington DC 20210. Do not send the compatibility forms to this office.

stablishr	nent Information			
Your es	stablishment name <u>Devita Saha</u>	ara 11676		
Street	2350 Stockton Ave	· · · · · · · · · · · · · · · · · · ·		
City	Las Vegas	State	Nevada	Zip <u>89104</u>
	y description (e.g., Manufacture o Medical	f motor truck trailers)		
Standa	rd Industrial Classification (SIC), i	if known (e.g., SIC 371	5)	
R North	American Industrial Classification	(NAICS), if known (e.g.	, 336212}	
nployme	ent information			
	average number of employees cours worked by all employees las	14 t 32,527.26		
gn here	nysty falsifying this document m	ay result in a fine.		
i certify comple	y that I have examined this docum te.	nent and that to the bes	at of my knowledge the entries a	are true, accurate, and
Rodolf	o Rocha Company executive			Facility Administrato
702-45	7-7099 Phone			27-Jan Date