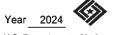
OSHA's Form 300A (Rev. 01/2004)

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 Record

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 (J)	
0	0	0		
(G)	(H)	(1)		
Number of Days		24		
Total number of days away from		Total number of days of job transfer or restriction		
0		0		
(K)	-3	(L)		
Injury and iliness	Гурев			
Total number of				
(1) Injury	0	(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. Washindton. DC 20210. Do not send the completed forms to this office.

stablish	ment Information			
Your e	stablishment name DCI-GAR	ONERVILLE		
Street	1281 KIMMERLING RD. SUIT	É A-1		
City	GARDNERVILLE	State	NEVADA	Zip <u>89460</u>
Indust	ry description (e.g., Manufacture	e of motor truck trailers)		
Stand	ard industrial Classification (SIC), if known (e.g., SIC 3715)		
R North	American Industrial Classification	on (NAICS), if known (e.g., 3	336212)	
molovo	ent information			
	a succession and a succession			
	al average number of employees			
year	nours worked by all employees	23,086.70		
ign here Know	ingly falsifying this document	NO, NM		
l certi comp	iy that I have examined this doc ete.	ument and that to the best	of my knowledge the entries	s are true, accurate, and
LYCIA	CARRUTHERS-POST Company executive	<u></u> -		NURSE MANAGER Title
775-2	65-4706 Phone			1/31/2025 Date