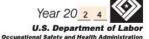
## OSHA's Form 300A (Rev. 01/2004)

## Summary of Work-Related Injuries and Illnesses



Form approved OMB no. 1218-0176

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.

Total number of deaths	Total number of cases with days away from work	cas	al number of es with job isfer or restrictio	oth	al number o er recordables
0	0	0		0	**
(G)	(H)		(1)		(J)
0		0			
0 (K)		0 (L)			
(K)		7,000			W.C.
(K)  Injury and II  Total number of (M)		7,000	(4) Poisonings		0
(K)  Injury and II  Total number of		7,000	(4) Poisonings (5) Hearing loss (6) All other illn		0 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 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.

Industry description (e.g., Manufacture of motor truck trailers)  Medical Clinic  Standard Industrial Classification (SIC), if known (e.g., 3715)  8 0 1 1  OR  North American Industrial Classification (NAICS), if known (e.g., 336212)  6 2 1 1 1  Employment information (If you don't have these figures, see the Worksheet on the back of this page to estimate.)  Annual average number of employees  6  Total hours worked by all employees last year  8605  Weetings by putitive  12/2072/2235	Your est	ablishme	ent na	me E	lko F	Replen	nish M	Med Spa		-
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