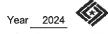
OSHA's Form 300A (Rev. 01/2004) Summary of Work-Related Injuries and Illnesses



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 2	Total number of cases with job transfer or restriction 0	Total number of other recordable cases
(G)	(H)	(1)	(J)
Number of Days			
Total number of days away from work		Total number of days of job transfer or restriction	
2 (K)	-	1 (L)	=:
injury and lilness	Гуреѕ		
Total number of			
(1) Injury	3	(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 Lahor. OSHA Office of Statistics. Room N-3844. 20th Constitution Ave. NW. Washindron. DC 20210. Do not send the completed forms to this office.

Your e	establishment name	Ehabit Home He	alth & Hospice			
Street	2201 E. Postal Dr S	Suite 5 & 6	****			
City	Pahrump		State	Nevada	Zip	89048
Indus	try description (e.g., N Home Health	lanufacture of moto	or truck trailers)			
Stand	lard Industrial Classifi	cation (SIC), if know	wn (e.g., SIC 3715)			
R North		Classification (NAIC	S), if known (e.g., 336212)			
nployn	nent information					
	al average number of		26			
Total year	hours worked by all e	mployees last	30,992			
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