

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

Completed 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.

Individual entries you made for each category. Then write the totals below, including the entries from every page of the log. If you had no cases write "0".

Employers, and their representatives have the right to review the OSHA Form 300 in person or by telephone. You must provide access to the OSHA Form 300 or its equivalent. See 29 CFR 1904.37. For a nondisruptive rule, for further details on the access provisions for these forms.

Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0
(H)	(I)	(J)

Total number of days of job transfer or restriction

0

(L)

0	(4) Poisoning	0
0	(5) Hearing Loss	0
0	(6) All Other Illnesses	1

Completed with blood under face shield. It was reported with not injury or loss time.

Page from February 1 to April 30 of the year following the year covered by the form

collection of information is estimated to average 50 minutes per response, including time to review the instruction, search and complete and review the collection of information. Persons are not required to respond to the collection of information unless it displays a control number. If you have any comments about these estimates or any aspects of this data collection, contact: US Department of Labor, Room N-3944, 200 Constitution Ave, NW, Washington, DC 20210. Do not send the completed forms to this office.

### Establishment Information

Your establishment name Devita Fallon

Street 1103 New River Pkwy

City Fallon State Nevada Zip 894

Industry description (e.g., Manufacture of motor truck trailers)  
Medical - Dialysis

Standard Industrial Classification (SIC), if known (e.g., SIC 3715)  
8 0 9 2

OR North American Industrial Classification (NAICS), if known (e.g., 336212)

### Employment Information

Annual average number of employees 16

Total hours worked by all employees last year 24209

Sign here 

Knowingly falsifying this document may result in a fine.

I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Company executive \_\_\_\_\_ Title \_\_\_\_\_

Phone \_\_\_\_\_ Date \_\_\_\_\_