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	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		
0 (K)	-	0 (L)	-	
Injury and Illness T	ypes			
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, Washington, DC 20210. Do not send the completed forms to this office.

stal	blish	ment information	n				
,	Your e	establishment name	Gallus Medical De	etox- Las Vegas			
;	Street	1550 W. Craig Rd.	Suite 310				
(City	North Las Vegas		State	Nevada	Zip	89032
	Indust	ry description (e.g., Medical Detox Faci		or truck trailers)			
;	Stand	ard Industrial Classifi	cation (SIC), if know	wn (e.g., SIC 3715)			
OR I	North	American Industrial 0	Classification (NAIC	S), if known (e.g., 3	336212)		
Empl	loym	ent information					
,	Annua	al average number of	employees	20			
	Total I year	hours worked by all e	mployees last	24,569			
ign	here	•					
ı	Know	ingly falsifying this	document may res	sult in a fine.			
	l certif compl		ed this document ar	nd that to the best of	of my knowledge the entri	es are true, accurat	te, and
	Shann	son Weir				CNO	
_		Company e	xecutive				Title
_	720)-501-2234					5, 2023
		Phor	ne				Date

OSHA 300A 2022

Final Audit Report 2023-06-05

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By: Lindsay Hund (lindsayh@gallusdetox.com)

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