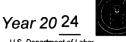
OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Note: You can type input into this form and save it.

Because the forms in this recordkeeping package are "fillable/writable"
PDF documents, you can type into the input form fields and then save your inputs using the free Adobe PDF Reader.



U.S. Department of Labor

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.

cases with days	with job transfer or	Total number of other recordable cases
1	0	0
(H)	(1)	(J)
S	Total number of days of job transfer or restriction	
	0	
	(L)	
rpes		
1	(4) Poisonings	0
0	(5) Hearing loss	0
tions 0	(6) All other illness es	0
	cases with days away from work 1 (H)	cases with days away from work restrict ion 1

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 m inutes 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.

Establishment informa		Dils Med	lical Center
Street 700 N	spring St		
City Caliente	9 Si	ate NV	Zip 89008
Industry description Medical Fa		of motor tru	ick trailers)
Standard Industrial	Classification (SIC),	ifknown (e	e.g., 3715)
OR			
North American Inc	dustrial Classificatio	on (NAICS),	if known (e.g., 336212)
		(,	, ,
Employment informat Worksheet on the n	ion (If you don't hav ext page to estimate		es, see the
Annual average nu	mber of employees		79
Total hours worked	by all employees la	styear 1	33451
Sign here			
Knowingly falsif	ying this docume	nt may res	sult in a fine.
I certify that I have my knowledge the			nd that to the best of nd complete.
Company executive	ـــــنہ		itle COO
Phone 775 - 7	_	•	1 / 22 / 25
			Save Innut