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	alah Supata Sulah Penjula Sasah Supata Sulah Julia		indaki tura dalente e
Total number of deaths	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	0
(G)	(H)	(1)	(J)
Number of Days	orani, 1995, Projekto Body John Adams Ar Bodynaminin de esser		
Total number of days away from work		Total number of days of job transfer or restriction	
0 (K)	-	0 (L)	-
With an area of the property of the			
Injury and Illness T	ypes		
Total number of (M)			
(1) Injury	0	(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 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.

tablish	ment information			
Your	establishment name Interm	ountain Health Home Care		
Street	700 E Silverado Ranch Bd	#150		
City	Las Vegas	State	Nevada	Zip89183
Indus	try description (e.g., Manufact Home Health Services	ure of motor truck trailers)		Pl works - A
	8 0 8			
K North	American Industrial Classifica	ation (NAICS), if known (e.g., 33	36212)	
npioyn	ent information			
Annua	al average number of employe	ees 45		
Total year	hours worked by all employee	es last 21365.46		
gn here	. Olme	w.		
Know	ringly falsifying this docume	ent may result in a fine.		
l certi comp		ocument and that to the best of	my knowledge the entries	are true, accurate, and
Carm	ina A Michelsen Company executive			Manager Homecare Title
702-2	60-4231			1/30/2024
	Phone			Date