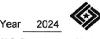
OSHA's Form 300A (Rev. 01/2004) Summary of Work-Related Injuries and Illnesses



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 Record

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	Total number of other recordable cases
(G)	(H)	(1)	(J)
Number of Days			
Total number of days away from		Total number of days of job transfer or restriction	
0 (K)	_	0 (L)	
Injury and Illness 1	Гуреѕ		
Total number of (M)			
(1) Injury (2) Skin Disorder (3) Respiratory	1 0	(4) Poisoning(5) Hearing Loss	0

Condition

Post this Summary page from February 1 to April 30 of the year following the year covered by the form

(6) All Other Illnesses

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 his effice.

Establ	ishment information			
Yo	our establishment name <u>KabaFusion H</u>	enderson		
Sti	reet 1510 W. Sunset Road Suite 120			
Cit	ty Henderson	State	NV	Zip89014
Inc	dustry description (e.g., Manufacture of m Specialty Pharmacy	notor truck trailers)		
Sta	andard Industrial Classification (SIC), if k	nown (e.g., SIC 3715)	
OR No	orth American Industrial Classification (NA	JCS), if known (e.g.	336212)	
	<u>6</u> <u>2</u> <u>1</u> <u>6</u> <u>1</u>		000212)	
mplo	yment information			
An	nnual average number of employees	27		
To ye:	atal hours worked by all employees last	31.357.76		
ye	ai			
ign h	ere			
Kn	nowingly falsifying this document may i	result in a fine.		
	ertify that I have examined this document mplete.	t and that to the best	of my knowledge the entries a	re true, accurate, and
_	Company executive			VP, Human Resources Title
	780-267-4211 Phone			1/29/25