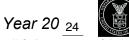
OSHA's Form 300A (Rev. 04/2004)

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 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 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.

Number of Case	25			
Total number of deaths Cases with day away from wor		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	6			
Total number of days away from work	; j			
0		0		
(K)		(L)		
Injury and Illnes	ss Types			
Total number of . (M)				
(1) Injuries	0	(4) Poisonings	0	
(2) Skin disorders	0	(5) Hearing loss	0	
(3) Respiratory condi	tions 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 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 infor					
Your establishment name	Mother's Care Ho	ome He	alth Servic	es Inc	
				·	
Street 1601 S. R	ainbow Blvd.	, Sui	te 230A	<u>۱</u>	
_{City} Las Vegas	State	ΝV	Zip	89146	
Industry description (e.	a Manufacture of	motor	truck trail	ars)	
Home Health C			ir uck ir un	ers)	
			G) :61		
North American Indust	rial Classification (INAIC	S), if know	n (e.g., 336212)	
Employment inform Worksheet on the next		t have	these figure	es, see the	
Annual average numbe	er of employees		38		
Total hours worked by all employees last yea			_{ar} 36,107		
Sign here	RX				
Knowingly falsifyin		may	result in a	a fine.	
I certify that I have e my knowledge the er					
Maria Nancy B		curate		ninistrator	
Company executive	0000		Title		
Phone (702) 565	0208	Dat	_e 02 - 2	5 - 2025	
				Reset	

