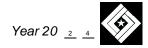
## OSHA's Form 300A (Rev. 01/2004)

**Number of Cases** 



## 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 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.

Total number of deaths  O(G)	Total number of cases with days away from work  (H)	cases with job	Total number of other recordable cases  (J)
Number of Days	;		
Total number of day away from work		Γotal number of days of ob transfer or restriction	
(K)	-	19 (L)	
Injury and Illnes	s Types		
Total number of (M)			
(1) Injuries	3	(4) Poisonings	0
(2) Skin disorders	0	<ul><li>(5) Hearing Loss</li><li>(6) All other illnes</li></ul>	ses 0
(3) Respiratory condition	ns <u> </u>	(o) i in outer inner	

## 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 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.

Your e	establishment	482213 NV 7690	CARMEN BOULEVARD
Street	7690 CARMEN BOUL	LEVARD	
City	LAS VEGAS	Stat	te <u>NV</u> Zip <u>89128</u>
Industr	y description (e.g., Ma	anufacture of motor	r truck trailers)
	Other Residential Car	re Facilities	
Standar	d Industrial Classifica	ation (SIC), if know	vn (e.g., SIC 3715)
~D	8 3 6	1_	
OR			
North A	American Industrial Cl	lassification (NAIC	S), if known (e.g., 336212)
	6 2 3	9 9 _	0_
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