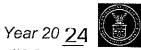
## OSHA's Form 300A (Rev. 04/2004)

## 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 Cas	ses		
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
-	8	Line	and the same of th
(G)	(H)	(1)	(J)
Number of Day	/s		
Total number of day away from work		tal number of days of transfer or restriction	
J.		<u> </u>	
(K)		(L)	
Injury and Illne	ess Types		
Total number of (M)	•••		- 79
(1) Injuries	<u> </u>	(4) Poisonings	
(2) Skin disorders	(m)	(5) Hearing loss	
(3) Respiratory cond	litions	(6) All other illnesses	·

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, 209 Constitution Avenue, NW, Washington, DC 20210. Do not send the completed forms to this office.

Your establishment name Ne	vada Infusion
Street 5401 Longle	y Lane, Ste 34
<sub>City</sub> REno	<sub>State</sub> NV zip 89511
Industry description (e.g., Man	nufacture of motor truck trailers)
Infusion Pharma	асу
	assification (NAICS), if known (e.g., 336
Employment information Worksheet on the next page to	(If you don't have these figures, see the estimate.)
	p estimate.) uployees 27
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Worksheet on the next page to Annual average number of em	o estimate.) uployees 27
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Worksheet on the next page to Annual average number of em Total hours worked by all emp Sign here Knowingly falsifying this I certify that I have examin	document may result in a fine.  and this document and that to the best are true, accurate, and complete.