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

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."



U.S. Department of Labor

Occupational Safety and Health Admini 72 ion
Form approved OMS no. 12 1076

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
0	0	0	0
(G)	(H)	(1)	(J)
Number of Days			
Total number of days away from		Total number of days of job transfer or restriction	
0		0	
(K)		(L)	
injury and illness	Types		
Total number of (M)			
(1) Injury	0	(4) Poisoning	0
(2) Skin Disorder	0	(5) Hearing Loss	0
(3) Respiratory Condition	_	10) 411 (21) 111	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 2021b, Do not send the completed forms to this office.

Your establishmen	t name Nightingale H	ome Healthcare of CT, Ir		
Street 9 West Br	oad Street, Suite 610			
City Stamford		State	ст	Zip <u>06902</u>
	n (e.g., Manufacture of 1th Care Services	motor truck trailers)		
8	1 Classification (SIC), if	known (e.g., SIC 3715) IAICS), if known (e.g., 33	62121	
North American in			02127	
oloyment inform	nation			
•			,	
Annual average n	umber of employees	24		
Total hours worke year	d by all employees last	29034		
n here				
Knowingly falsify	ing this document may	y result in a fine.		
I certify that I hav	examined this docume	ent and that to the best of	my knowledge the entrie	es are true, accurate, and
complete			-	
Munish Singh	mpany executive			Benefits Admin Title
	. •			1/31/202
317 334 7777	Phone			Date