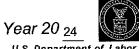
OSHA's Form 300A (Rev. 04/2004)

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.



Form approved OMB no. 1218-0176

U.S. Department of Labor

Occupational Safety and Health Administration

then save

Summary of Work-Related Injuries and Illnesses

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 4 (J) | |
| 0 | 0 | 0 | | |
| (G) | (H) | (1) | | |
| Number of Da | ys | | | |
| TOTAL HUMBOOL OF GUID | | otal number of days of b transfer or restriction | | |
| 0 | | 0 | | |
| (K) | | (L) | | |
| Injury and Ilin | ess Types | | | |
| Total number of | | | | |
| (1) Injuries | 3 | (4) Poisonings | 0 | |
| (2) Skin disorders | 0 | (5) Hearing loss | 0 | |
| (3) Respiratory conditions 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 S8 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 26210. Do not send the completed forms to this office.

| Your establishment name | Palmeira Home Health | | | | |
|--|-------------------------|-------------|----------------------|-----------------|--|
| Street 3763 How | ard Hughes F | wy | | | |
| _{City} Las Vegas | State | NV | Zip | 89169 | |
| Industry description (e | g., Manufacture of | motor | truck trail | ers) | |
| Home Health | | | | | |
| North American Indus | strial Classification (| NAIC | S), if know | m (e.g., 336212 | |
| Employment inform Worksheet on the next | | t have | these figur | es, see the | |
| Annual average numb | er of employees | f employees | | 40 | |
| Total hours worked by | y ali employees last | уеаг | 31.20 | _ | |
| Sign here | | | | | |
| Knowingly falsifyi | ng this document | may | result in | a fine. | |
| I certify that I have my knowledge the | entries are true, ac | umen | t and that | to the best of | |
| Company executive | TLEY | _ | Title | <u>ss.</u> | |
| Company excedite | 5634 | Dat | _{te} 2/3/20 | 25 | |
| Phone 844-472- | | | | | |