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



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 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."

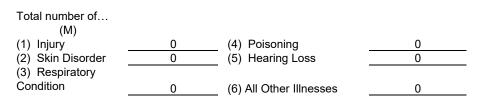
Employees former employees, and their representatives have the right to review the OSHA Form 300 in its entirety. They also have limited access to the OSHA Form 301 or its equivalent. See 29 CFR 1904.35, in OSHA's Recordkeeping rule, for further details on the access provisions for these forms.

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 work	Total number of days of job transfer or restriction
0 (K)	0 (L)
Injury and Illness Types	



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 20210. Do not send the completed forms to this office.

Your e	stablishment name	Professional Cas	e Management		
Street	1050 E. Flamingo F	load			
City	Las Vegas		State	NV	Zip 89119
Oity	Las Vegas			Ĩ	2ip03113
Indust	ry description (e.g., M Home Health	lanufacture of moto	or truck trailers)		
Standa	ard Industrial Classific	cation (SIC), if know	vn (e.g., SIC 3715)		
OR North	American Industrial C	lassification (NAIC	S), if known (e.g., 3362	212)	
		1 6 1			
mploym	ent information				
Annua	l average number of	employees	72		
Total h	ours worked by all e	mployees last			
year			112,021		
ign here					
Know	ingly falsifying this	document may re	sult in a fine.		
ltif		d 41-1- al			
comple		a this document ar	ig that to the dest of m	y knowledge the entries	s are true, accurate, and
	Bay	a			C00
Company executive PHone Number3033193400					Title
					22-Jan-2024
	Phor	ne.			Date

CONFIDENTIAL