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

Year 2022

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 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			
(G)	(H)	(1)	(J)			
Number of Days						
Total number of days away from		Total number of days of job transfer or restriction				
0 (K)	-	0 (L)	-			
Injury and Illness Types						
Total number of (M)						
(1) Injury	1	(4) Poisoning	0			
(2) Skin Disorder	0	(5) Hearing Loss	0			
(3) Respiratory 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 20210. Do not send the completed forms to this office.

Stablishmen	t information			
Your establ	lishment name Professional Case I	Management		
Street 105	50 E. Flamingo Road			
City <u>Las</u>	s Vegas	State	NV	Zip89119
•	scription (e.g., Manufacture of motor t me Health	ruck trailers)		
Standard In	ndustrial Classification (SIC), if known	(e.g., SIC 3715)		
OR North Amer	rican Industrial Classification (NAICS)	, if known (e.g., 33621	2)	
	6 2 1 6 1	0		
	rage number of employees worked by all employees last	51 81,679		
Sign here				
Knowingly	falsifying this document may resul	It in a fine.		
I certify that complete.	t I have examined this document and	that to the best of my	knowledge the entries are true	e, accurate, and
	Brad Drevno			C00
	Company executive			Title
	3033193400			24-Jan-2023
	Phone			Date

CONFIDENTIAL