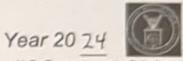
## OSHA's Form 300A (Rev. 04/2004)

## 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

20	establishments covered by Part 1904 must complete this Summary page, even if no work-related injuries or illnesses occurred during the year.	
2	member 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 casses, 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 recordiseeping rule, for further details on the access provisions for these forms.

Number of Case	s		
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
(6)	(=)	60	(1)
Number of Days	:		
Total number of days away from work		l'otal number of days of ob transfer or restriction	
0		0	
(9)		(1-)	
Injury and Illnes	ss Types		
Total number of . (M)			
(%) Injuries	0	(4) Poisonings	_ 0
(2) Skin disorders	0	(5) Hearing loss	0
(3) Respiratory condi-	ions 0	(6) All other illnesses	_ 0

Foot this Summary page from February 1 to April 30 of the year following the year covered by the form.

The second second is seeing 2 minutes per exposes, including time to review the instructions, search and gather the data needed, and only the second second in the collection of information unless it displays a currently valid OMB control number. If you have any water of the second second

14470 Mieles Blad				
Street 14472 Wicks Blvd				
City San Leandro State	CA	Zip 94577		
Industry description (e.g., Manufacture o	f motor tru	ck trailers)		
Ambulance Transport				
	OLLICE	:61 ( 236313		
North American Industrial Classification	(NAICS),	11 known (e.g., 330212		
021310				
Employment information (If you don't have these figures, see the				
Worksheet on the next page to estimate.)				
Annual average number of employees		48		
Total hours worked by all employees less	t year (e	424 55		
11. 2.1	year <u>-</u>	171.10		
Sign here	_			
Knowingly falsifying this document may result in a fine.				
I certify that I have examined this document and that to the best of				
my knowledge the entries are true, accurate, and complete.				
MAXUELL LAWRENCE Company executive	_ R	iskeSafety Mrs		
		12/13/2025		
Phone 510-993-5684	-			