

OSHA's Form 300A (Rev. 01/08/04)

Summary of Work-Related Injuries and Illnesses

All establishments covered by Part 3001 must complete this Summary page, even if no injuries or illnesses occurred during the year. Place an X in the box on the Log to verify that the entries are

Using the Log, count the individual entries you made for each category. Then enter the totals below making sure you've added the entries from every page of the log. If you had no cases enter "0".

Employees 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 1904.33 or OSHA's Recordkeeping rule for further details on the access provisions for these

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
(D)	(A)	(B)	(C)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(E)	(F)

Injury and Illness Types

Total number of ...	(1) Injury	(4) Poisoning
(M)	1	0
(7) Skin Poisoning	0	(6) Skin Infection
(8) Respiratory Condition	0	0
	(3) All Other Diseases	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 15 minutes per response, including time for reviewing the instructions, searching existing data sources, gathering the data needed, reviewing and collecting the data, reviewing the collection of information, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any aspect of this collection of information, including suggestions for reducing the burden, to Washington, DC 20503. Send all other comments regarding this collection of information to Washington, DC 20503. Send all other comments regarding this collection of information to Washington, DC 20503.

Establishment Information

Your establishment name Castle Stone Valley 98010
 Street 2400 S. Jones Blvd
 City Las Vegas State Nevada Zip 89102
 Industry description (e.g., Manufacturing of motor truck bodies)
 Standard Industrial Classification (SIC), if known (e.g., SIC 3710)
 North American Industrial Classification (NAICS), if known (e.g., NAICS 336212)

Employment Information

Annual average number of employees 20
 Total hours worked by all employees last year 33,411.00

Sign here Jan Wong

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.

Jan Wong Company Representative Janice Maysgater Public Reporting Burden
770-298-6073 Phone 770-298-6073 Fax