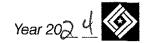
OSHA's Form 300A (Rev. 01/2004)



Summary of Work-Related Injuries and Illnesses

U.S. Department of Labor Occupational Safety and Health Administration

Establishment information

Form approved OMB no. 1218-0176

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

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 C	ases				City Hendusan State NV ZIP 89
Total number of deaths (G)	Total number of cases with days away from work (H)	Total number of cases with job transfer or restriction (1)	Total number of other recordable cases (J)		Industry description (e.g., Manufacture of motor truck trailers) Phoenical Standard Industrial Classification (SIC), if known (e.g., 3715) OR
Number of E	Days				North American Industrial Classification (NAICS), if known (e.g., 33
Total number of days away Total number of days of job from work Total number of days of job					Employment information (If you don't have these figures, see the Worksheet on the back of this page to estimate.)
<u>(K)</u>		(L)			Annual average number of employees Total hours worked by all employees last year 40,000
Injury and II	liness Types				Sign here
Total number of (M) (1) Injuries	0	(4) Poisonings (5) Hearing loss	000		Knowingly falsifying this document may result in a fine. I certify that I have examined this document and that to the best knowledge the entries are true, accurate, and complete.
(2) Skin disorders (3) Respiratory condit	tions O	(6) All other illnesses	0		MICHARL Howke Gerra Company executive (70) 954-3016 12/36 Phone
Post this Summa	ry page from February	y 1 to April 30 of the year t	ollowing the year covered by the	orm.	Phone Date

Public reporting burden for this collection of information is estimated to average 58 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 OAIS 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 20210. Do not send the completed forms to this office.