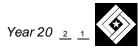
OSHA's Form 300A (Rev. 01/2004)

NW, Washington, DC, 20210. Do not send the completed forms to this office.

Summary of Work-Related Injuries and Illnesses

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,



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

no. 1218-0176

				Form approved O!
		e this Summary page, even if no voore completing this summary.	vork-related injuries or illnes	ses occurred during the year. Remember to review the Log Establishment Information
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 empl	oloyees, and their representa	tives have the right to review the	OSHA Form 300 in its entire	ty. They also have limited access to the OSHA Form 301 or
its equivalent. See 29 CFF	R Part 1904.35, in OSHA's re	ecordkeeping rule, for further deta	ils on the access provisions	for these forms. Street 333 SOUTH TWIN OAKS
Number of Cas	ses			City SAN MARCOS State CA Zip 92096
Total number of deaths	Total number of cases with days	Total number of cases with job	Total number of other recordable	Industry description (e.g., Manufacture of motor truck trailers)
0	away from work	transfer or restriction	cases 0	COLLEGES UNIVERSITIES AND PROFESSIONAL SCHOOLS
(G)	(H)	(I)	(J)	Standard Industrial Classification (SIC), if known (e.g., SIC 3715)
Number of Day	/s			OR — — — —
Total number of da away from work		al number of days of transfer or restriction		North American Industrial Classification (NAICS), if known (e.g., 336212)
47 (K)		323 (L)		<u>6</u> <u>1</u> <u>1</u> <u>3</u> <u>1</u> <u>0</u>
Injury and Illne	ess Types	(=)		Employment Information(If you don't have these figures, see the Worksheet on back of this page to continue)
Total number of				Annual average number of employees 2,343
(M)				Total hours worked by all employees last year 3,024,743.94
(1) Injuries	9	(4) Poisonings	0	Cian have
		(5) Hearing Loss	0	Sign here
(2) Skin disorders	0	(6) All other illness	ses 1	Knowingly falsifying this document may result in a fine.
(3) Respiratory condition	ons <u>0</u>			
5		4. 4 40- 4:		I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.
Post this Summa	ary page trom Febr	ruary 1 to April 30 of t	ne year tollowing	the year covered by the form. Workers' Comp Coordinate
				ime to review the instructions, search and gather the data needed, and Company executive Title Company executive

<u>-(760) 750-4416</u>