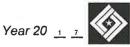
OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses



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 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.					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."					Optionative accepts 100 miles
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.					Street 333 S. Twin Oaks Valley Rd
Number of Cases					City Son Marca State CA Zip 92096
Total number of deaths (G)	Total number of cases with days away from work (H)	Total number of cases with job transfer or restriction 18 (I)	Total number of other recordable cases 6 (J)		Industry description (e.g., Manufacture of motor truck trailers) Educational Survices (Schools call Standard Industrial Classification (SIC), if known (e.g., SIC 3715)
Number of Days					OR OR
Total number of days away from work job transfer or restriction 98					North American Industrial Classification (NAICS), if known (e.g., 336212)
Injury and Illness Types					Employment Information (If you don't have these figures, see the Worksheet on back of this page to continue)
Total number of (M)					Annual average number of employees Total hours worked by all employees last year
) Injuries	27	(4) Poisonings			Sign here
) Skin disorders	0	(5) Hearing Loss (6) All other illness			Knowingly falsifying this document may result in a fine.
Respiratory conditions 2					I certify that I have examined this document and that to the best of my
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 50 minutes per response, including time to review the instructions, search and gather the data needed, and					knowledge the entries are true, accurate, and complete. SR45 Company of the control of the company of the com
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 other aspects of this data collection, contact: US Department of Labor, OSHA Office of Statistical Analysis, Room N-3644, 200 Constitution Avenue,					760 750 - 4502 1/123/18