OSHA's Form 300A (Rev. 01/2004) Summary of Work-Related Injuries



U.S. Department of Labor

Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

Summary of Work-Related Injuries and Illnesses

All establishments covered by Part 1904 must complete this Summary page, even if no injuries or illnesses occurred during the year. Remember to review the Log to verify that the entries are complete

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 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 1904.35, in OSHA's Recordkeeping rule, for further details on the access provisions for these forms.

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				
(G)	(H)	(1)	(J)				
Number of Days							
Total number of days away from		Total number of days of job transfer or restriction					
0		0					
(K)	•	(L)	•				
Injury and Illness Types							
Total number of							
(M) (1) Injury	1	(4) Poisoning	0				
(2) Skin Disorder	0	(5) Hearing Loss	0				
(3) Respiratory Condition	0	(6) All Other Illnesses	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 58 minutes per response, including time to review the instruction, 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 OMB control number. If you have any comments about these estimates or any aspects of this data collection, contact: US Department of Labor, OSHA Office of Statistics, Room N-3644, 200 Constitution Ave, NW, Washington, DC 20210. Do not send the completed forms to this office.

Establ	lishment information			
Yo	our establishment name A+ Home Care,	Inc		
Str	treet 8400 Normandale Lake Blvd, Suite 92	20		
Cit	ity Bloomington	State	MN	Zip 55437
Inc	dustry description (e.g., Manufacture of mol Personal Care Assistance/Home Care	,		
Sta	tandard Industrial Classification (SIC), if kno	wn (e.g., SIC 3715)		
OR No	orth American Industrial Classification (NAI	CS), if known (e.g., 3362	212)	
	<u>6</u> <u>2</u> <u>4</u> <u>1</u> <u>2</u>	0		
mplo	yment information			
•	•			
Λn	nnual average number of employees	110		
	otal hours worked by all employees last			
ye		130,250		
ign h	nere			
Kr	nowingly falsifying this document may re	sult in a fine.		
	3, 11, 3 , 11, 11, 11, 11, 11, 11, 11, 11, 11, 1			
	certify that I have examined this document a emplete.	nd that to the best of my	/ knowledge the entries a	ire true, accurate, and
J	Company Secutive	<u>^</u>		Executive Director Title
95	52-854-7760 Phone			2/1/2025
	FIIOHE			Date