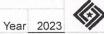
OSHA's Form 300A Summary of Work-Related Injuries and Illnesses



U.S. Department of Labor

Occupational Safety and Health Administration

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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

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 romer employees, and then 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	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	4	1
(G)	(H)	(i)	(J)
Number of Days		Francisco de la consta	
Total number of days of job transfer or		Total number of days away from work	
69		0	
(K)		(L)	Ī
Injury and Illness	Types		Sales Sales
Total number of (M)			
(1) Injury	5	(4) Poisoning	0
(2) Skin Disorder	0	(5) All other illnesses	0
(3) Respiratory Condition			

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 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

Estak	blishment inforr	nation				
Your e	establishment name	School Facility	Managem	ent LLC		
Street	3017 Oakland A	Ave	WW. 10.000			
City	Nashville		State	TN	Zip	37212
Industr	ry description (e.g., l Facility Managa	Manufacture of moto ment - Maintena		ers)		
Standa	ard Industrial Classif	ication (SIC), if know	wn (e.g., SIC	3715)		
	8 7 4	såssåssummingamenninn				
	loyment informa	ation				
Annual Total h	al average number of	f employees	2	5.0		
Annual Total ho Sign Knowir	al average number of sours worked by all e	f employees profoyees last year comment may result	153,195 in a fine.		y knowle	edge the
Annual Total ho Sign Knowir	l average number of sours worked by all en there and the source of the s	ed this document and complete.	153,195 in a fine.			Director
Annual Total ho Sign Knowir	l average number of sours worked by all en there and the source of the s	ed this document ar	153,195 in a fine.			
Annual Total ho Sign Knowir	here there the	ed this document and complete.	153,195 in a fine.		HR	Director