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 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 2	Total number of other recordable cases
(G)	(H)	(1)	(J)
Number of Days			
Total number of days away from work		Total number of days of job transfer or restriction	
480	_	63	
(K)		(L)	
Injury and Illness 1	Гуреѕ		
Total number of (M)			
(1) Injury	9	(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.

Esta	ablishı	ment information					
	Youre	stablishment name A	CCRA CARE, IN	NC.			
	Street	12600 WHITEWATER	DRIVE, STE 10	00			
	City	MINNETONKA		State	MN	Zip	55343
	Industr	y description (e.g., Man SERVICES FOR THE			ABILITIES		
	Standa	ırd Industrial Classificati	on (SIC), if know	n (e.g., SIC 3715)			
OR	North A	American Industrial Clas	•		36212)		
Emp	oloyme	ent information					
		average number of em ours worked by all empl	_	5,550 8,234,375			
Sigr	n here						
	Knowii	ngly falsifying this doc	ument may resu	ult in a fine.			
	I certify	Company exec	utive	d that to the best of	my knowledge the entries	Chief Executive	Officer (CEO)

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 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 Record

Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
(H)	(1)	(J)
	Total number of days of job transfer or restriction	
	0	_
	(L)	
ypes		
0	(4) Poisoning	0
0	(5) Hearing Loss	0
0	(6) All Other Illnesses	0
	cases with days away from work 0 (H)	cases with days away from work 0 (I) (H) Total number of days of job transfer or restriction 0 (I) Total number of days of job transfer or restriction 0 (L) Types (4) Poisoning (5) Hearing Loss

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.

Establi	shment information				
Yo	ur establishment name ACCRA HOME	CARE, INC.			
Str	eet 12600 WHITEWATER DRIVE, STE	100			
City	y MINNETONKA	State	MN	Zip	55343
Ind	ustry description (e.g., Manufacture of mo SERVICES FOR THE ELDERLY AN		SABILITIES		
Sta	andard Industrial Classification (SIC), if kn	own (e.g., SIC 3715)			
OR No	rth American Industrial Classification (NAI	CS), if known (e.g., 336.	212)		
	6 2 4 1 2	0			
Employ	ment information				
Anr	nual average number of employees	13			
Tot yea	al hours worked by all employees last r	1816			
Sign he	ere				
Kno	owingly falsifying this document may re	esult in a fine.			
l ce	rtify that I have examined this document a	and that to the best of m	/ knowledge the entries a	are true, accurate, and comp	olete.
_	Company executive			Chief Executive Of Title	ficer (CEO)
952	-935-3515 Phone			Date	27

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 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 0	Total number of other recordable cases
(G)	(H)	(1)	(J)
Number of Days			
Total number of days away from work		Total number of days of job transfer or restriction	
0 (K)	-	0 (L)	
Injury and Illness 1	ypes		
Total number of (M)			
(1) Injury (2) Skin Disorder (3) Respiratory	0	(4) Poisoning(5) Hearing Loss	0
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, INW. Washington, DC 20210. Do not send the completed forms to this office.

Est	Establishment information	
	Your establishment name CONSUMER CHOICE SERVICES, INC.	
	Street 12600 WHITEWATER DRIVE, STE 100	
	City MINNETONKA State MN Zip	55343
	Industry description (e.g., Manufacture of motor truck trailers) OTHER INDIVIDUAL AND FAMILY SERVICES	
	Standard Industrial Classification (SIC), if known (e.g., SIC 3715)	
OR	OR North American Industrial Classification (NAICS), if known (e.g., 336212) 624190	
Emp	Employment information	
es.	Annual average number of employees 4 Total hours worked by all employees last year 3938	
Sigr	Sign here	
	Knowingly falsifying this document may result in a fine.	
	I certify that Hrave examined this document and that to the best of my knowledge the entries are true, accurate, and complete the company executive of the company executiv	
-	952-935-3515	27