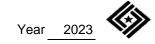
## OSHA's Form 300A (Rev. 01/2004)

## **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	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	
56 (K)		0 (L)	-
Injury and Illness T	ypes		
Total number of			
(1) Injury	2	(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.

Stablisl	hment information				
Your	establishment name <u>Ir</u>	ntegrated Water	Services		
Stree	et 4001 N. Valley Drive				
City	Longmont		State	Colorado	Zip 80504
Indus	stry description (e.g., Man Water & Wastewater 0		or truck trailers)		
Stand	dard Industrial Classificati	tion (SIC), if know	vn (e.g., SIC 3715)		
OR North	n American Industrial Clas		S), if known (e.g., 3	336212)	
	237	_1 _1	0		
mployn	ment information				
Annu	al average number of em	nployees	115		
Total year	hours worked by all emp	oloyees last	286,878		
ign her	e LSC	<b>)</b>			
Knov	wingly falsifying this do	cument may res	sult in a fine.		
I certi comp		this document ar	nd that to the best of	f my knowledge the entries are	true, accurate, and
	George Bun Company exec				Safety Director Title
	Company CACC	cutive			TILLE
	970-632-49				1/15/2023