OSHA's Form 300A

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 duning 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 calegory. 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."

Occupational Safety and Health Administration U.S. Department of Labor

2023

Form approved OMB no. 1218-0176

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	Total number of cases with job transfer or restriction	Total number of other recordable cases
(G)	away ildiii wdix	(1)	(J)
Number of Days			
Total number of days of job transfer		Total number of days away from work	
(K)		171 (L)	
Injury and Illness Types	pes		
Total number of (M) (1) Injury	ဖ	(4) Poisoning	0
(2) Skin Disorder (3) Respiratory	0	(5) All other illnesses	0
Condition	0		

Post this Summary page from February 1 to April 30 of the year following the year covered by the form

gather the dala 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 Public reporting burden for this collection of information is estimated to average 50 minutes per response, including time to review the instruction, search and

765-569-2076 Phone	I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete. CEO/President Title	Sign here Knowingly falsifying this document may result in a fine.	Annual average number of employees 236.00 Total hours worked by all employees last year 352.223	Standard Industrial Classification (SIC), if known (e.g., SIC 3715) 8 3 1 1 Employment information	Stry description (e.g., Manufacture of motor truck thuman Service / Rehabalitation	Street 201 N. Dormeyer Ave. City Rockville State	Establishment information Your establishment name Child-Adult Resource Services, Inc.
1/11/24 Date	my knowledge the entries CEO/President Title				1	IN Zip 47872	