

SHA's Form 300A

Summary of Work-Related Injuries and Illnesses

Year **2006**
 U.S. Department of Labor
 Occupational Safety and Health Administration

Establishments covered by Part 1904 must complete this Summary page, even if no work-related injuries or illnesses occurred during the year. Remember to review the Log to verify that the entries are complete and accurate before completing this summary.

Using the log, count the individual entries you made for each category. Then write the totals below, being 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 entirety. They also have limited access to the OSHA Form 301 or its equivalent. 29 CFR Part 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
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...	(M)	(4) Poisonings	
(1) Injuries	0	0	
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	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.

Establishment Information

Your establishment name Skylight Specialists
 Street 1500 W. Hampden Avenue State Sk City Englewood CO Zip 80110
 Industry description _____

Standard Industrial Classification (SIC), if known _____

Employment information (If you don't have these figures, see the Worksheet on the back of this page to estimate.)

Annual average number of employees: 12

Total hours worked by all employees last year: 17506

Sign here

Knowingly falsifying this document may result in a fine.

I certify that I have examined this document and to the best of my knowledge the entries are true, accurate, and complete.

Lora Mantegna Title Safety Coord
 Company executive

Phone 303-416-7804 Date 1/29/07

Summary of Work-Related Injuries and Illnesses

All establishments covered by Part 1904 must complete this Summary page, even if no work-related injuries or illnesses occurred during the year. Remember to review the Log to verify that the entries are complete and accurate before completing this summary.

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 Part 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
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of..	(M)	(4) Poisonings
(1) Injuries	0	0
(2) Skin disorders	0	(5) Hearing Loss
(3) Respiratory conditions	0	(6) All other illnesses
	0	0

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

Establishment Information

Your establishment name Skylight Specialists
 Street 1500 W. Hampden Avenue Sic 3-B
 City Englewood State CO Zip 80110
 Industry description _____

Standard Industrial Classification (SIC), if known _____

Employment information (If you don't have these figures, see the Worksheet on the back of this page to estimate.)

Annual average number of employees: 13
 Total hours worked by all employees last year: 19332

Sign here

Knowingly falsifying this document may result in a fine.

I certify that I have examined this document and to the best of my knowledge the entries are true, accurate, and complete.

Don Mauterick Safety Coordinator
 Company executive Title

381460-7864 1/29/08
 Phone Date

Posted 1/29/08