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

Year 2013

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 "O."

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.

lumber of Cases			
otal number of	Total number of	Total number of cases	Total number of
leaths	cases with days	with job transfer or	other recordable
	away from work	restriction	cases
0	2	2	4
(G)	(H)	(1)	(L)
lumber of Days			
otal number of lays away from		Total number of days of job transfer or restriction	
42		190	•
(K)		(L)	
njury and Illness Types	/pes		
(<u>M</u>)			•
1) Injury 2) Skin Disorder	0 0	(4) Poisoning(5) Hearing Loss	0
3) Respiratory			•
Condition	>	(A) All Other linesses	>

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 ONB 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.

(701)-256-7838 EXT 122 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 Company executive CEO	Sign here Knowingly falsifying this document may result in a fine.	Annual average number of employees 390 Total hours worked by all employees last 464.722	Employment information	Standard Industrial Classification (SIC), if known (e.g., SIC 3715) 8 3 3 1 & 8 3 6 1 OR North American Industrial Classification (NAICS), if known (e.g., 336212)	Stry description (e.g., Manufacture of motor truck trainers) TRAINING RESIDENTIAL CARE FACILITY / JOB TRAINING	Street 1200 MISSOURI AVENUE Civ. RISMARCK State NORTH DAKOTA	Establishment information Your establishment name PRIDE INC.
22-Jan-13 Date	e true, accurate, and CEO Title					1	Zin 58501	