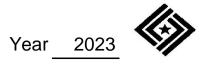
OSHA's Form 300A (Rev. 01/2004)

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 0 3		Total number of cases with job transfer or restriction	Total number of other recordable cases	
(G)	(H)	(I)	(J)	
Number of Days				
Total number of days away from		Total number of days of job transfer or restriction		
67 (K)	_	0 (L)	-	
Injury and Illness 1	Гуреѕ			
Total number of (M)				
(1) Injury ´	3	(4) Poisoning	0	
(2) Skin Disorder	0	(5) Hearing Loss	0	
(3) RespiratoryCondition	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.

Estab	lishment information			
Yo	our establishment name Atlas Pa	inting and Sheeting Corp		
St	treet 465 Creekside Dr			
Ci	ity Amherst	State	NY	Zip14228
In	dustry description (e.g., Manufactur Industrial & Commercial Paint			
St	tandard Industrial Classification (SIC	C), if known (e.g., SIC 3715)		
OR N	<u> </u>	on (NAICS) if known (e.g. 3362	12)	
OIC IV	2 3 8 3	, , ,	12)	
Emple		, ————————————————————————————————————		
Lilipic	syment information			
Aı	nnual average number of employees	33		
	otal hours worked by all employees			
ye	ear	69890		
Sign h	nere			
K	nowingly falsifying this documen	t may result in a fine.		
	certify that I have examined this docomplete.	ument and that to the best of my	knowledge the entries	are true, accurate, and
<u>Pa</u>	atricia Aldrich			Corp Secretary
	Company executive			Title
(7	16)564-0490			1/10/2024
	Phone			Date