### OSHA's Form 300 (Bev 01/2004)

## Log of Work-Related Injuries and Illnesses

Attention: This form contains information relating to employee health and must be used in a manner that protects the confidentiality of employees to the extent possible while the information is being used for occupational safety and health purposes.



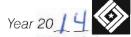
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Form approved OMB no. 1218-0176

You must record information about every work-related death and about every work-related injury or illness that involves loss of consciousness, restricted work activity or job transfer, days away from work, or medical treatment beyond first aid. You must also record significant work-related injuries and illnesses that are diagnosed by a physician or licensed health care professional. You must also record work-related injuries and illnesses that meet any of the specific recording criteria listed in 29 CFR Part 1904.8 through 1904.12. Feet free to use two lines for a single case if you need to. You must complete an injury and illness incident Report (OSHA Form 301) or equivalent form for each injury or illness recorded on this form. If you're not sure whether a case is recordable, call your local OSHA office for help.

Cay Beverly Hills State CA Describe the case **Identify** the person Classify the case CHECK ONLY ONE box for each case Enter the number of (A) (C) (D) based on the most setious outcome for days the injured or ill worker was: Check the "Injury" column or Case Employee's name Job title Date of injury Where the event occurred Describe injury or illness, parts of body affected, choose one type of illness: (e.g., Welder) (e.g., Loading dock north end) and object/substance that directly injured no. or onset Remained at Work or made person ill (e.g., Second degree burns on of illness On iob Away right forearm from acetylene torch) Days away Job transfer Other record from transfer or Death restriction from work or restriction able cases (G) (J) D. month/day month/day month/day month/day month/day month/day Page totals Be size to transfer these totals to the Summary page (Form 300A) before you post it. Public reporting burden for this collection of information is estimated to average 14 minutes per response, including time to review the instructions, search and garber 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 other aspects of this data collection, contact: US Department of Labor, OSHA Office of Statistical Analysis, Rosan N-3644, 200 Constitution Avenue, NW, Washington, DC 20210. Do not send the completed forms to this office. (1) (2) (3) (4)

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



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

Form approved OMB no 1218-9176

## 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 cletails on the access provisions for these forms.

Number of C	Cases		
Total number of deaths  (G)	Total number of cases with days away from work	Total number of cases with job transfer or restriction  (I)	Total number of other recordable cases (J)
Number of L	Days		
Total number of d from work (k)		tal number of days of job insfer or restriction L)	
Injury and I	liness Types		

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 instructions, 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 is displays a currently valid OMB control number. If you have any comments about these estimates or any other aspects of this data collection, contact: US Department of Labor, OSHA Office of Statistical Analysis, Room N-J644, 200 Committation Avenue, NW, Washington, DC 20210, Do not send the completed forms to this office.

Establishment information Standard Industrial Classification (SIC), if known (e.g., 3715) OR North American Industrial Classification (NAICS), if known (e.g., 336212) 562910 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 Total hours worked by all employees last year Sign here Knowingly falsifying this document may result in a fine. I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

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

## Log of Work-Related Injuries and Illnesses

You must record information about every work-related death and about every work-related injury or illness that involves loss of consciousness, restricted work activity or job transfer,

**Attention:** This form contains information relating to employee health and must be used in a manner that protects the confidentiality of employees to the extent possible while the information is being used for occupational safety and health purposes.

Year 20 13

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

Form approved OMB no. 1218-0176

enti	ify the person		Describe t	he case			ify the c										
se	(B) Employee's name	(C) Job title	(D) Date of injury	(E) Where the event occurred	(F) Describe injury or illness, parts of body affected,		on the mos	E box for eact serious ou		days th	he number of le injured or ler was:			ne "Inj one ty			
,		(e.g., Welder)	or onset of illness	(e.g., Loading dock north end)	and object/substance that directly injured or made person ill (e.g., Second degree burns on right forearm from acetylene torch)			Remain	ed at Work	Away	On job	(M)	isorder	WG.	Sing	stage from	22
		4			ight foreasm from acceptant arch)	Death	Days away from work	Job transfer or restriction	Other record- able cases	from work	transfer or restriction	Lujun	Sign	Respire	Possen	Hearm	All orb
	11/1	NIA		11/1	11/1	(G)	(H)	(I)	(J)	(K)	(L)	(1)	(2)	(3)	(4)	(5)	(6
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### OSHA's Form 300A (Rev. 01/2004)



Occupational Safety and Health Administration

Form approved OMB no. 1218-6176

## 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 Ca	ases		
Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfet or restriction (I)	Total number of other recordable cases (J)
Number of Da	ays		
Total number of day from work		Fotal number of days of job ransfer or restriction	
Injury and III	ness Types		
Total number of (M) ) Injuries	NA	(4) Poisonings (5) Hearing loss	
2) Skin disorders 3) Respiratory condition 3)	in the second se	(6) All other illnesse	s

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 38 minutes per response, including time to review the instructions, 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 anless it displays a currently valid CMB control number. If you have any comments about these estimates or any other aspects of this data collection, contact: US Department of Labor, OSHA Office of Sentistical Analysis, Room N-3644, 260 Commention America. NW, Washington, DC 20210. Do not send the completed forms to this office.

Your esta	lishment information  Melsen Environmenta
Street	8484 Wilshiry Blue #720
City	Berry Hills State CA ZIP 90211
Industry	description (e.g., Manufacture of monoy under prailers) Demolition & Asbestos Removed
Standard	Industrial Classification (SIC), if known (c.g., 3715)
Stantaarti	modsvad Classification (S185), it known (c.g., 5715)
OR	
	yment information (If you don't have these figures, see the on the back of this page to estimate.)
Annual as	rerage number of employees
Total hou	rs worked by all employees last year 500
Sign h	ere
Knowin	gly falsifying this document may result in a fine.
I certify t	hat I have examined this document and that to the best of my
knowled	ge the entries are true, accurate, and complete.
Ke	112 NIESEN CEO

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

## Log of Work-Related Injuries and Illnesses

Attention: This form contains information relating to employee health and must be used in a manner that protects the confidentiality of employees to the extent possible while the information is being used for occupational safety and health purposes.

Year 20

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

Form approved OMB no. 1218-0176

You must record information about every work-related death and about every work-related injury or illness that involves loss of consciousness, restricted work activity or job transfer, days away from work, or medical treatment beyond first aid. You must also record significant work-related injuries and illnesses that are diagnosed by a physician or licensed health care professional. You must also record work-related injuries and illnesses that meet any of the specific recording criteria listed in 29 CFR Part 1904.8 through 1904.12. Feel free to use two lines for a single case if you need to. You must complete an Injury and Illness Incident Report (OSHA Form 301) or equivalent form for each injury or illness recorded on this form. If you're not sure whether a case is recordable, call your local OSHA office for help.

ldent	ify the person		Describe t			AND RESIDENCE OF THE PERSON.	ify the c	ase E box for ea	ch case	Enter ti	he number of					
(A) Case	(B) Employee's name	(C) Job title	(D) Date of injury	(E) Where the event occurred	(F)  Describe injury or illness, parts of body affected,	based that c		st serious ou	Icome for	days th	e injured or er was:	Che			ury" co pe of il	lumn o
no.		(e.g., Welder)	or onset of illness	(e.g., Loading dock north end)	and object/substance that directly injured or made person ill (e.g., Second degree burns on			Remain	ed at i⊮ork	Away	On job	(M)	sorder	ton	M.	R to
					right forearm from acetylene torch)	Death	Days away	Job transfer or restriction		from work	transfer or restriction	Injury	Skin di	Respira	Person	Hearing All other
	NIA	NIA	J.	NA	NIA	(G)	(H)	(1)	(J)	(K)	days	(1)	(2)	(3)	(4)	(5) (6
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	orting burden for this collection of infor- tions, search and gather the data needed					these totals to	the Summar	y page (Form 30	OAJ before you po:	st it		Injury	Bootler	ndition	Secretary.	mg loss
respond	to the collection of information unless it c estimates or any other aspects of this doom N-3644, 200 Constitution Avenue,	t displays a currently va ata collection, comact: I	fid OMB control num IS Department of La	nber. If you have any comments bor, OSHA Office of Statistical						Page ) of	7	(1)	Skeed	(3)	(4) (	5) (6)

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



# **Summary of Work-Related Injuries and Illnesses**

Form approved OMB no. 1218-0176

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.\*

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Number of C	ases		
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  (J)
Number of D	ays		
Total number of da from work (K)		otal number of days of job ansfer or restriction (L)	
Injury and II	iness Types		
Total number of (M) 1) Injuries	N/A	(4) Poisonings (5) Hearing loss	
<ul><li>2) Skin disorders</li><li>3) Respiratory condition</li></ul>	ions	(6) All other illnesses	

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

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Estal	blishment information
Lote	The state of the s
Your es	tablishment name NIPISED ENVIVORMENT
Street	8484 Wilshina Blue #720
Street	
City	Beverly Hill State (4. ZIP 902)
Industr	y description (e.g., Manufacture of motor truck trailers)
	Denotition & Ashestos Removel
Standar	d Industrial Classification (SIC), if known (e.g., 3715)
OR	
Maserla	American Industrial Classification (NAICS), if known (e.g., 336212)
LACKER!	238910
	600
Empl	oyment information (If you don't have these figures, see the
	et on the back of this page to estimate.)
Annual	average number of employees
Total he	ours worked by all employees fast year 5000
Sign	here
Know	ingly falsifying this document may result in a fine.
Lorric	y that I have examined this document and that to the best of my
	edge the entries are true, accurate, and complete.
V	· N. L.
Comments	VIA NIGETA CEO
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