









SAFETY NEWS

www.xcelmech.com Complete Design & Build Mechanical and Plumbing Contracting

Feb. 1 - April 30, 2023

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

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

Year \_\_\_\_\_\_\_\_\_

Form approved OMB no. 1218-0176

U.S. Department of Labor

Occupational Safety and Health Administration

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 370 or its equivalent. See 29 CFR 1904.35, in OSHA's Record

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 2	Total number of other recordable cases
(G)	(H)	(1)	(J)
Number of Days			
Total number of days away from work		Total number of days of job transfer or restriction	
8 (K)	-	93 (L)	- 1
Injury and Illness 1	Гуреѕ		
Total number of (M)	4	(A) Palannian	0
(1) Injury (2) Skin Disorder	- 4	(4) Poisoning (5) Hearing Loss	0
(3) Respiratory		(o) Houring Loop	
Condition	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

stablish	nment information			
Your	establishment name XCEL MECHA	INICAL SYSTEMS INC		
	t 1710 W. 130TH STREET	WHOME OTOTEWO HAD		
City	GARDENA	State	CALIFORNIA	Zip 90249
			CALIFORNIA	Zip
Indus	try description (e.g., Manufacture of m HVAC PLUMBING	otor truck trailers)		
Stand	dard Industrial Classification (SIC), if k	nown (e.g., SIC 3715)		
OR North	American Industrial Classification (NA	, , , , , , , , , , , , , , , , , , , ,	6212)	
	23822	2 0		
mployn	nent information			
Annua	al average number of employees	160		
	hours worked by all employees last			
year Sign here	Steven Prisk Stevenson con.	ne.		
Know	vingly falsifying this document may			
I certi comp	fy that I have examined this document lete.	t and that to the best of	my knowledge the entries a	re true, accurate, and
Steve	en Prisk  Company executive			Safety Director Title
	60-0090			1/20/2023