Year 20<u>1 3</u>

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 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 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
0	0	0	0
(G)	(H)	(1)	(J)
Number of D Total number of da from work	ays away To	otal number of days of job ansfer or restriction	
(K)	_	0 (L)	
Injury and II	lness Types		
Total number of (M)			
) Injuries	0	(4) Poisonings	0
		(5) Hearing loss	0
2) Skin disorders	_0	(6) All other illnesse	es0
B) Respiratory conditi	ions 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 50 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 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, Room N-3644, 200 Constitution Avenue, NW, Washington, DC 20210. Do not send the completed forms to this office.

Your esta	blishment name <u>EE Inte</u>	national c	iba ECO ONE HOMES	6
Street	14812 Avery Rancl	Blvd Suit	ee 52	
City	Austin	State	TX ZIP 78717	
Industry	description (e.g., Manufacture	of motor truck	trailers)	
	Custom Homes Bu	ilder and	<u>Renewable Energy Sys</u>	ter
Standard	Industrial Classification (SIG	C), if known	(e.g., 3715)	
OR				
North Ar	nerican Industrial Classificat	ion (NAICS	, if known (e.g., 336212)	
	2 3 8 2	0		
		U		
		U		
Emplo	yment information		we these figures, see the	
-		If you don't h	we these figures, see the	
Worksheet	yment information on the back of this page to estima	If you don't h te.)	,	
Worksheet	yment information	If you don't h te.)	we these figures, see the	
Worksheet Annual av	yment information on the back of this page to estimate the back of this page to estimate the properties of employees the state of the properties of the prop	If you don't h te.)	10	
Worksheet Annual av	yment information on the back of this page to estima	(If you don't h te.)	10	
Worksheet Annual av Total hou	yment information on the back of this page to estimate the back of this page to estimate the back of this page to estimate the back of the	(If you don't h te.)	10	
Worksheet Annual av Total hou	yment information on the back of this page to estimate the back of this page to estimate the back of this page to estimate the back of the	(If you don't h te.)	10	
Worksheet Annual av Total hou Sign ho	yment information on the back of this page to estimate the back of this page to estimate the back of this page to estimate the back of the	(If you don't h te.) — ast year	10 10,400 hours	
Worksheet Annual av Total hou Sign ho	yment information on the back of this page to estimate we rage number of employees are worked by all employees level.	(If you don't h te.) — ast year	10 10,400 hours	
Worksheet Annual av Total hou Sign ho Knowin	yment information on the back of this page to estimate we rage number of employees has worked by all employees level.	If you don't h te.) — ast year ment may	10 10,400 hours result in a fine.	
Worksheet Annual av Total hou Sign ho Knowin I certify	yment information on the back of this page to estimate verage number of employees has worked by all employees level. ere egly falsifying this documentate I have examined this	If you don't h te.) ast year ment may	10 10,400 hours result in a fine. Indicate the dest of my	
Worksheet Annual av Total hou Sign ho Knowin I certify	werage number of employees are worked by all employees left. ere agly falsifying this documentate I have examined this ge the entries are true, according to the entries are true, according	If you don't h te.) ast year ment may	10 10,400 hours result in a fine. Indicate the dest of my	
Worksheet Annual av Total hou Sign ho Knowin I certify	werage number of employees are worked by all employees left. ere agly falsifying this documentate I have examined this ge the entries are true, according to the entries are true, according	If you don't h te.) ast year ment may	10 10,400 hours result in a fine. and that to the best of my complete.	
Morksheet Annual av Total hou Sign ho Knowin I certify to knowled	werage number of employees are worked by all employees are worked by all employees are worked by all employees are that I have examined this ge the entries are true, according to the contract of the contrac	If you don't h te.) ast year ment may	10 10,400 hours result in a fine. Indicate the dest of my	_
Worksheet Annual av Total hou Sign ho Knowin I certify the knowled	werage number of employees are worked by all employees are true.	ast year	10 10,400 hours result in a fine. and that to the best of my complete.	_