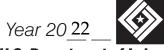
OSHA's Form 300 (Rev. 01/2004)

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.



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

Establishment name One Energy Enterprises Inc.

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.

Ident	ify the person		Describe t	he case			ify the c									
(A) Case	(B) Employee's name	(C) Job title	(D) Date of injury		(F) Describe injury or illness, parts of body affected,	CHECK ONLY ONE box for each case based on the most serious outcome for that case:				Enter the number of days the injured or ill worker was:		Check the "Injury" column choose one type of illness:				
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			Remained at Work				(M)	rder	<u> </u>	sso	
					right forearm from acetylene torch)	Death		Job transfer or restriction		Away from work	On job transfer or restriction	Injury	Skin disor	respirato condition Poisoning	Hearing la	All other
						(G)	(H)	(I)	(J)	(K)	(L)	(1)	(2)	3) (4	1) (5)	(
1	Kerry Gaines	Technician	month/day	NFWC Yard	Cat scratch/bite				X	_0 days	s <u>0</u> days	X] 🗆	
2	Emily Gerber	Technician	month/day	NFWC Yard	Cat scratch/bite				X	_0 days	s <u>0</u> days	X				
			/ month/day			_ 🗖				day:	s days] 🗆	
			month/day							day:	s days					
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			monin/day		Page totals)	0	0	0	2	0	0	2	0 0	0	0	Q
the instru		needed, and complete and re	eview the collection of	er response, including time to review information. Persons are not require	Be sure to transfer d	these totals t	o the Summary	page (Form 30)		ost it.		Injury	n disorder	condition	aring loss	All other
about thes	se estimates or any other aspects of Room N-3644, 200 Constitution Av	this data collection, contact:	US Department of La	bor, OSHA Office of Statistical						Page <u>1</u> of	<u>. 1</u>	(1)	<u>∞</u>	3) (4)	± 4) (5)	(

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."

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	2			
(G)	(H)	(1)	(J)			
Number of D) Days					
Total number of days away from work Total number of days of job transfer or restriction						
0		0				
(K)		(L)				
Injury and II	Iness Types	A SHAPE OF SHAPE				
Total number of	•	2				
) Injuries	2	(4) Poisonings	0			
		(5) Hearing loss	0			
) Skin disorders	0	(6) All other illnesse	s <u>0</u>			
Respiratory condition	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 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 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.

Establishment information						
Your ostablishment name One Energy Enterprises Inc.						
Street	treet 12385 Twp Rd 215					
City	Findlay	State OH ZIP 45840				
•	description (e.g., Manufacture of motor to Corporate, Subsidiary, and Re Industrial Classification (SIC), if kno	egional Managing Offices				
OR						
North American Industrial Classification (NAICS), if known (e.g., 336212) 551114						
Employment information (If you don't have these figures, see the Worksheet on the back of this page to estimate.)						
Annual av	erage number of employees	49				
Total hour	rs worked by all employees last year	97,542				
Sign he	ere					
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. SW Interpretation 1998 5853 Thome						