

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

Summary of Work-Related Injuries and Illnesses

Year 2022



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."

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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 | Total number of other recordable cases |
|------------------------|--|--|--|
| <u>0</u> (G) | <u>0</u> (H) | <u>0</u> (I) | <u>0</u> (J) |

Number of Days

| Total number of days away from work | Total number of days of job transfer or restriction |
|-------------------------------------|---|
| <u>0</u> (K) | <u>0</u> (L) |

Injury and Illness Types

| Total number of... (M) | (1) Injury | (2) Skin Disorder | (3) Respiratory Condition | (4) Poisoning | (5) Hearing Loss | (6) All Other Illnesses |
|---------------------------|------------|-------------------|---------------------------|---------------|------------------|-------------------------|
| | <u>0</u> | <u>0</u> | <u>0</u> | <u>0</u> | <u>0</u> | <u>0</u> |

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

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Establishment Information

Your establishment name Homemkaers Upstate Group, Inc.
 Street 2465 Sheridan Drive
 City Tonawanda State NY Zip 14150
 Industry description (e.g., Manufacture of motor truck trailers)
Home Health Care
 Standard Industrial Classification (SIC), if known (e.g., SIC 3715)
8 0 8 2
 OR North American Industrial Classification (NAICS), if known (e.g., 336212)

Employment information

Annual average number of employees 65.33
 Total hours worked by all employees last year 87836

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.

C. PR CEO
 Company executive

CEO
 Title

716-838-6060 x222
 Phone

1-12-22
 Date

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

Summary of Work-Related Injuries and Illnesses

Year 2022



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

Form approved OMB no. 1218-0176

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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 | Total number of other recordable cases |
|------------------------|--|--|--|
| <u>0</u> | <u>1</u> | <u>0</u> | <u>0</u> |
| (G) | (H) | (I) | (J) |

Number of Days

| Total number of days away from work | Total number of days of job transfer or restriction |
|-------------------------------------|---|
| <u>153</u> | <u>0</u> |
| (K) | (L) |

Injury and Illness Types

| Total number of... (M) | (1) Injury | (2) Skin Disorder | (3) Respiratory Condition | (4) Poisoning | (5) Hearing Loss | (6) All Other Illnesses |
|------------------------|------------|-------------------|---------------------------|---------------|------------------|-------------------------|
| | <u>1</u> | <u>0</u> | <u>0</u> | <u>0</u> | <u>0</u> | <u>0</u> |

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Establishment Information

Your establishment name Homemakers of Western New York, Inc.

Street 2465 Sheridan Drive

City Tonawanda State NY Zip 14150

Industry description (e.g., Manufacture of motor truck trailers)
Home Health Care

Standard Industrial Classification (SIC), if known (e.g., SIC 3715)
8 0 8 2

OR North American Industrial Classification (NAICS), if known (e.g., 336212)

Employment Information

Annual average number of employees 55.08

Total hours worked by all employees last year 43329.75

Sign here

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C. P. R. CEO
Company executive

CEO
Title

716-838-6060 x222
Phone

1-11-2023
Date

OSHA's Form 300A (Rev. 01/2004) Summary of Work-Related Injuries and Illnesses

Year 2022

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

Form approved OMB no. 1218-0178

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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 | Total number of other recordable cases |
|------------------------|--|--|--|
| 0 | 0 | 0 | 0 |
| (G) | (H) | (I) | (J) |

Number of Days

| Total number of days away from work | Total number of days of job transfer or restriction |
|-------------------------------------|---|
| 0 | 0 |
| (K) | (L) |

Injury and Illness Types

| Total number of... (M) | (1) Injury | (2) Skin Disorder | (3) Respiratory Condition | (4) Poisoning | (5) Hearing Loss | (6) All Other Illnesses |
|------------------------|------------|-------------------|---------------------------|---------------|------------------|-------------------------|
| | 0 | 0 | 0 | 0 | 0 | 0 |

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Establishment Information

Your establishment name Homemakers of Western New York, Inc.

Street 560 West 23rd Street, Suite #6

City Jamestown State NY Zip 14701

Industry description (e.g., Manufacture of motor truck trailers)
Home Health Care

Standard Industrial Classification (SIC), if known (e.g., SIC 3715)
8 0 8 2

OR North American Industrial Classification (NAICS), if known (e.g., 338212)

Employment Information

Annual average number of employees 19.67

Total hours worked by all employees last year 15871.5

Sign here

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I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

C. P. F.

Company executive

CEC
Title

716-838-6060 x222

Phone

1-11-2023
Date

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

Summary of Work-Related Injuries and Illnesses

Year 2022



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

Form approved OMB no. 1218-0176

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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 | Total number of other recordable cases |
|------------------------|--|--|--|
| 0 | 0 | 0 | 0 |
| (G) | (H) | (I) | (J) |

Number of Days

| Total number of days away from work | Total number of days of job transfer or restriction |
|-------------------------------------|---|
| 0 | 0 |
| (K) | (L) |

Injury and Illness Types

| Total number of... (M) | (1) Injury | (2) Skin Disorder | (3) Respiratory Condition | (4) Poisoning | (5) Hearing Loss | (6) All Other Illnesses |
|------------------------|------------|-------------------|---------------------------|---------------|------------------|-------------------------|
| | 0 | 0 | 0 | 0 | 0 | 0 |

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Establishment Information

Your establishment name Homemakers of Western New York, Inc.

Street 1300 College Avenue, Suite #3

City Elmira State NY Zip 14901

Industry description (e.g., Manufacture of motor truck trailers)
Home Health Care

Standard Industrial Classification (SIC), if known (e.g., SIC 3715)
8 0 8 2

OR North American Industrial Classification (NAICS), if known (e.g., 336212)

Employment Information

Annual average number of employees 31.67

Total hours worked by all employees last year 32377.25

Sign here

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I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

C. P. F. CEO
Company executive

CEO
Title

716-836-6060x222
Phone

1-11-2023
Date

OSHA's Form 300A (Rev. 01/2004) Summary of Work-Related Injuries and Illnesses

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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 | Total number of other recordable cases |
|------------------------|--|--|--|
| <u>0</u> (G) | <u>0</u> (H) | <u>0</u> (I) | <u>0</u> (J) |

Number of Days

| Total number of days away from work | Total number of days of job transfer or restriction |
|-------------------------------------|---|
| <u>0</u> (K) | <u>0</u> (L) |

Injury and Illness Types

| Total number of... (M) | (1) Injury | (2) Skin Disorder | (3) Respiratory Condition | (4) Poisoning | (5) Hearing Loss | (6) All Other Illnesses |
|---------------------------|------------|-------------------|---------------------------|---------------|------------------|-------------------------|
| | <u>0</u> | <u>0</u> | <u>0</u> | <u>0</u> | <u>0</u> | <u>0</u> |

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Establishment Information

Your establishment name Homemakers of Western New York, Inc.

Street 1291 Faichney Drive

City Watertown State NY Zip 13601

Industry description (e.g., Manufacture of motor truck trailers)
Home Health Care

Standard Industrial Classification (SIC), if known (e.g., SIC 3715)
8 0 8 2

OR North American Industrial Classification (NAICS), if known (e.g., 336212)

Employment Information

Annual average number of employees 41.75

Total hours worked by all employees last year 57516.5

Sign here

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I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

C. PR cow
Company executive

CEO
Title

716-838-6080 x222
Phone

1-11-2023
Date

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

Summary of Work-Related Injuries and Illnesses

Year 2022



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

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|------------------------|--|--|--|
| 0 | 0 | 0 | 0 |
| (G) | (H) | (I) | (J) |

Number of Days

| Total number of days away from work | Total number of days of job transfer or restriction |
|-------------------------------------|---|
| 0 | 0 |
| (K) | (L) |

Injury and Illness Types

| Total number of... (M) | (1) Injury | (2) Skin Disorder | (3) Respiratory Condition | (4) Poisoning | (5) Hearing Loss | (6) All Other Illnesses |
|------------------------|------------|-------------------|---------------------------|---------------|------------------|-------------------------|
| | 0 | 0 | 0 | 0 | 0 | 0 |

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Establishment information

Your establishment name Homemakers of Western New York, Inc.

Street 19 Hodsokin Street

City Canton State NY Zip 13617

Industry description (e.g., Manufacture of motor truck trailers)
Home Health Care

Standard Industrial Classification (SIC), if known (e.g., SIC 3715)
8 0 8 2

OR North American Industrial Classification (NAICS), if known (e.g., 336212)

Employment Information

Annual average number of employees 24.42

Total hours worked by all employees last year 28146.75

Sign here

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C. Pfeiffer CEO
Company executive

CEO
Title

716-838-6060 x222
Phone

1-1-23
Date

OSHA's Form 300A (Rev. 01/2004) Summary of Work-Related Injuries and Illnesses

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|------------------------|--|--|--|
| 0 | 0 | 0 | 0 |
| (G) | (H) | (I) | (J) |

Number of Days

| Total number of days away from work | Total number of days of job transfer or restriction |
|-------------------------------------|---|
| 0 | 0 |
| (K) | (L) |

Injury and Illness Types

| Total number of... (M) | (1) Injury | (2) Skin Disorder | (3) Respiratory Condition | (4) Poisoning | (5) Hearing Loss | (6) All Other Illnesses |
|------------------------|------------|-------------------|---------------------------|---------------|------------------|-------------------------|
| | 0 | 0 | 0 | 0 | 0 | 0 |

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Establishment Information

Your establishment name Homemakers Of Western New York, Inc.

Street 110 North Geneva Street, Suite #1

City Ithaca State NY Zip 14850

Industry description (e.g., Manufacture of motor truck trailers)
Home Health Care

Standard Industrial Classification (SIC), if known (e.g., SIC 3715)
8 0 8 2

OR North American Industrial Classification (NAICS), if known (e.g., 336212)

Employment Information

Annual average number of employees 17.08

Total hours worked by all employees last year 13363.25

Sign here

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C. P. R. CEO
Company executive

CEO
Title

716-838-6060 x222
Phone

1-11-2023
Date

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

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|------------------------|--|--|--|
| <u>0</u> | <u>0</u> | <u>0</u> | <u>0</u> |
| (G) | (H) | (I) | (J) |

Number of Days

| Total number of days away from work | Total number of days of job transfer or restriction |
|-------------------------------------|---|
| <u>0</u> | <u>0</u> |
| (K) | (L) |

Injury and Illness Types

| Total number of... (M) | (1) Injury | (2) Skin Disorder | (3) Respiratory Condition | (4) Poisoning | (5) Hearing Loss | (6) All Other Illnesses |
|------------------------|------------|-------------------|---------------------------|---------------|------------------|-------------------------|
| | <u>0</u> | <u>0</u> | <u>0</u> | <u>0</u> | <u>0</u> | <u>0</u> |

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Establishment information

Your establishment name Homemakers of the Genesee, Inc.

Street 5297 Parkside Drive

City Canandaigua State NY Zip 14424

Industry description (e.g., Manufacture of motor truck trailers)
Home Health Care

Standard Industrial Classification (SIC), if known (e.g., SIC 3715)
8 0 8 2

OR North American Industrial Classification (NAICS), if known (e.g., 336212)

Employment information

Annual average number of employees 26.17

Total hours worked by all employees last year 23298.25

Sign here

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I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

C. P. F. CEO
Company executive

CEO _____
Title

1-11-23
Date

716-838-6080 x222
Phone

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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 | Total number of other recordable cases |
|------------------------|--|--|--|
| 0 | 0 | 0 | 0 |
| (G) | (H) | (I) | (J) |

Number of Days

| Total number of days away from work | Total number of days of job transfer or restriction |
|-------------------------------------|---|
| 0 | 0 |
| (K) | (L) |

Injury and Illness Types

| Total number of... (M) | (1) Injury | (2) Skin Disorder | (3) Respiratory Condition | (4) Poisoning | (5) Hearing Loss | (6) All Other Illnesses |
|------------------------|------------|-------------------|---------------------------|---------------|------------------|-------------------------|
| | 0 | 0 | 0 | 0 | 0 | 0 |

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Establishment Information

Your establishment name Homemakers of Central New York, Inc.

Street 4205 Long Branch Road

City Liverpool State NY Zip 13090

Industry description (e.g., Manufacture of motor truck trailers)
Home Health Care

Standard Industrial Classification (SIC), if known (e.g., SIC 3715)
8 0 8 2

OR North American Industrial Classification (NAICS), if known (e.g., 336212)

Employment Information

Annual average number of employees 33.08

Total hours worked by all employees last year 26938.5

Sign here

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I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

C. P. R. CEO
Company executive

CEO
Title

716-838-6060 x222
Phone

1-1-23
Date

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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 | Total number of other recordable cases |
|------------------------|--|--|--|
| <u>0</u> | <u>1</u> | <u>0</u> | <u>0</u> |
| (G) | (H) | (I) | (J) |

Number of Days

| Total number of days away from work | Total number of days of job transfer or restriction |
|-------------------------------------|---|
| <u>4</u> | <u>0</u> |
| (K) | (L) |

Injury and Illness Types

| Total number of... (M) | (1) Injury | (2) Skin Disorder | (3) Respiratory Condition | (4) Poisoning | (5) Hearing Loss | (6) All Other Illnesses |
|------------------------|------------|-------------------|---------------------------|---------------|------------------|-------------------------|
| | <u>1</u> | <u>0</u> | <u>0</u> | <u>0</u> | <u>0</u> | <u>0</u> |

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Establishment Information

Your establishment name Homemakers of the Mohawk Valley, Inc.

Street 48 Genesee Street

City New Hartford State NY Zip 13413

Industry description (e.g., Manufacture of motor truck trailers)
Home Health Care

Standard Industrial Classification (SIC), if known (e.g., SIC 3715)
8 0 8 2

OR North American Industrial Classification (NAICS), if known (e.g., 336212)

Employment Information

Annual average number of employees 52.08

Total hours worked by all employees last year 54602.75

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.

C. P. H. CEO
Company executive

CEO
Title

716-838-8060 x222
Phone

1-11-23
Date

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

Summary of Work-Related Injuries and Illnesses

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 | Total number of cases with job transfer or restriction | Total number of other recordable cases |
|------------------------|--|--|--|
| <u>0</u> | <u>0</u> | <u>0</u> | <u>0</u> |
| (G) | (H) | (I) | (J) |

Number of Days

| Total number of days away from work | Total number of days of job transfer or restriction |
|-------------------------------------|---|
| <u>0</u> | <u>0</u> |
| (K) | (L) |

Injury and Illness Types

| Total number of... (M) | (1) Injury | (2) Skin Disorder | (3) Respiratory Condition | (4) Poisoning | (5) Hearing Loss | (6) All Other Illnesses |
|------------------------|------------|-------------------|---------------------------|---------------|------------------|-------------------------|
| | <u>0</u> | <u>0</u> | <u>0</u> | <u>0</u> | <u>0</u> | <u>0</u> |

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.

Establishment information

Your establishment name Homemakers of the Mohawk Valley, Inc.

Street 1756 Union Street

City Schenectady State NY Zip 12309

Industry description (e.g., Manufacture of motor truck trailers)
Home Health Care

Standard Industrial Classification (SIC), if known (e.g., SIC 3715)
8 0 8 2

OR North American Industrial Classification (NAICS), if known (e.g., 338212)

Employment information

Annual average number of employees 42.17

Total hours worked by all employees last year 20677.25

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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.

C. P. H. CEO
Company executive

CEO _____
Title

1-1-23
Date

716-838-6060 x222
Phone

OSHA's Form 300A (Rev. 01/2004) Summary of Work-Related Injuries and Illnesses

Year 2022



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

Form approved OMB no. 1218-0178

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.

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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 | Total number of other recordable cases |
|------------------------|--|--|--|
| 0 | 0 | 0 | 0 |
| (G) | (H) | (I) | (J) |

Number of Days

| Total number of days away from work | Total number of days of job transfer or restriction |
|-------------------------------------|---|
| 0 | 0 |
| (K) | (L) |

Injury and Illness Types

| Total number of... (M) | (1) Injury | (2) Skin Disorder | (3) Respiratory Condition | (4) Poisoning | (5) Hearing Loss | (6) All Other Illnesses |
|------------------------|------------|-------------------|---------------------------|---------------|------------------|-------------------------|
| | 0 | 0 | 0 | 0 | 0 | 0 |

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

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Establishment information

Your establishment name Homemakers of Broome County, Inc.

Street 260 Harry L. Drive

City Johnson City State NY Zip 13790

Industry description (e.g., Manufacture of motor truck trailers)
Home Health Care

Standard Industrial Classification (SIC), if known (e.g., SIC 3715)
8 0 6 2

OR North American Industrial Classification (NAICS), if known (e.g., 338212)

Employment information

Annual average number of employees 25.42

Total hours worked by all employees last year 29945

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I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

C. P. R. CEO
Company executive

CEO
Title

716-838-6060 x 222
Phone

1-12-23
Date

OSHA's Form 300A (Rev. 01/2004) Summary of Work-Related Injuries and Illnesses

Year 2022



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

Form approved OMB no. 1215-0175

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.

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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 | Total number of other recordable cases |
|------------------------|--|--|--|
| 0 | 0 | 0 | 0 |
| (G) | (H) | (I) | (J) |

Number of Days

| Total number of days away from work | Total number of days of job transfer or restriction |
|-------------------------------------|---|
| 0 | 0 |
| (K) | (L) |

Injury and Illness Types

| Total number of... (M) | (1) Injury | (2) Skin Disorder | (3) Respiratory Condition | (4) Poisoning | (5) Hearing Loss | (6) All Other Illnesses |
|------------------------|------------|-------------------|---------------------------|---------------|------------------|-------------------------|
| | 0 | 0 | 0 | 0 | 0 | 0 |

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

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Establishment information

Your establishment name Homemakers of Western Penna. Inc.

Street 2620 West 23 rd Street, #8 Ebco Park

City Erie State Pa Zip 16506

Industry description (e.g., Manufacture of motor truck trailers)
Home Health Care

Standard Industrial Classification (SIC), if known (e.g., SIC 3715)
8 0 8 2

OR North American Industrial Classification (NAICS), if known (e.g., 336212)

Employment information

Annual average number of employees 47.33

Total hours worked by all employees last year 44893.6

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.

C. Pfeiffer
Company executive

CEO
Title

716-838-8060 x222
Phone

1-12-22
Date