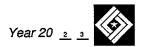
OSHA's Form 300A (Rev. 01/2004)



Form approved OMB no. 1218-0176

U.S. Department of Labor

Occupational Safety and Health Administration

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

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.

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total num other reco cases	
(G)	(H)	<u> </u>	(J)	_
Number of Day	rs			
Total number of da		tal number of days of transfer or restriction		
away from work	<u></u>	361		
(K)		(L)		
Injury and Illne	ss Types			
otal number of (M)				
Injuries	88	(4) Poisonings		<u> </u>
		(5) Hearing Loss		0
Skin disorders		(6) All other illness	les	0
		(O) FILL CALCE HARCOS	•••	

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 e	stablishment	001 VALLEY HEALTH SYSTEM LLC-VALLEY HOSPITAL MEDICAL CENTER
Street	620 SHADOW LANE	<u> </u>
City	LAS VEGAS	State <u>NV</u> Zip <u>89106</u>
Industr	y description (e.g., M	Aanufacture of motor truck trailers)
	General Medical and	d Surgical Hospitals
Standas	d Industrial Classific	cation (SIC), if known (e.g., SIC 3715)
OR	8 0 6	32_
North A	American Industrial C	Classification (NAICS), if known (e.g., 336212)
	<u>6 2 2</u>	2 1 1 0
	loyment Infor	rmation(If you don't have these figures, see the wage to continue)
Annual	average number of e	employees
Total h	ours worked by all en	mployees last year 4,127,970,92
Sian	here	
Jign		
_	vingly falsifyin	g this document may result in a fine.
Knov I certi knowl	fy that I have exan	mined this document may result in a fine. mined this document and that to the best of my re true, accurate, and complete.