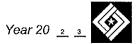
OSHA's Form 300A (Rev. 01/2004)



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

Form approved OMB no. 1218-0176

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 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.

deaths	Total number of cases with days away from work	cases with job transfer or restriction	Total number of other recordable cases	
— (G)	—— 4 (H)	(I)	(J)	
Number of Days		. <u> </u>		
Total number of day away from work		al number of days of transfer or restriction		
——————————————————————————————————————	_	161 (L)		
Injury and Illnes	s Types			
Total number of (M)				
		(4) Poisonings		
(M)		(4) Poisonings(5) Hearing Loss(6) All other illnesse		

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	estabilshment	004 SPARKS FAMILY H INCNORTHERN NEVA	IOSPITAL, ADA MEDICAL CENTER
Street	2376 E PRATER W	NY .	
City	SPARKS	State _N	V Zip <u>89434</u>
Industr	y description (e.g., A	famufacture of motor truck	trallers)
	General Medical and	i Surgical Hospitals	
Standar	rd Industrial Classific	cation (SIC), if known (e.g	., SIC 3715)
or	8 0 6		
North /	American Industrial C	Classification (NAICS), if I	known (e.g., 336212)
	6 2 2		
	loyment Infoi heet on back of this p	rmation(if you don't he age to continue)	we these figures, see the
Annual	l average number of c	employees _	793.77
Total h	ours worked by all e	mployees last year	2,075,907.37
Sign	here		
Knov	vingly falsifyin	g this document m	ay result in a fine.
		nined this document ar	and that to the best of my complete. $0.1/23/24$