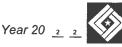
OSHA's Form 300A (Rev. 01/2004)

NW, Washington, DC, $202\,10_{\odot}$ Do not send the completed forms to this office.

Summary of Work-Related Injuries and Illnesses

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.



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

Form approved OMB no. 1218-0176

All establishments covered by Pa	art 1904 must complete th	nis Summary page, even if no w	nrk-related injuries or illnes	ses occurred during the year. Remember to majour the	tan II	
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					·	Establishment Information
had no cases, write "0."	iddar eriiries you made idi	bacii calegory. Then while the	totals below, making sure y	ouve added the enthes 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.					01 or	Your establishment 006 DESERT VIEW HOSPITAL
no oquitatine doo 23 of N 7 dil	1304 33, 111 03114 3 18001	rokeeping raie, for turiner detail	s on the access provisions i	or these forms.		Street 360 S. LOLA LANE
Number of Cases	Granden verproce Junit de most en part					City PAHRUMP State NV Zip 89048
deaths case	ses with days	Total number of cases with job	Total number of other recordable			Industry description (e.g., Manufacture of motor truck trailers)
o	vay from work	transfer or restriction 0	cases 3			Psychiatric and Substance Abuse Hospitals
(G)	(H)	(1)	(J)			Standard Industrial Classification (SIC), if known (e.g., SIC 3715)
Number of Days						8 <u>0 6 3</u> OR
Total number of days Total number of days of						
away from work		unsfer or restriction				North American Industrial Classification (NAICS), if known (e.g., 336212)
(K)	(<u>l</u>	<u>. </u>				6 2 2 2 1 0
Injury and Illness 7	Types					Employment Information(If you don't have these figures, see the Worksheet on buck of this page to continue)
Total number of						Annual average number of employees 169
(M)						Total hours worked by all employees last year 351,104
(1) Injuries	3	(4) Poisonings	0			
(2) Skin disorders		(5) Hearing Loss (6) All other illnesses	0			Sign here
	0		es o			Knowingly falsifying this document may result in a fine.
(3) Respiratory conditions	0	• ***				
Post this Summary page from February 1 to April 30 of the year following the year covered by the form.						I certify that I have examined this document and that to the best of my knowledge the entries are true accurate, and complete.