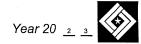
OSHA's Form 300A (Rev. 01/2004)



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.

Number of Case	es		
Total number of deaths (G)	Total number of cases with days away from work 11 (H)	Total number of cases with job transfer or restriction 19 (I)	Total number of other recordable cases (J)
Number of Days	s		
Total number of dayaway from work 377 (K)		al number of days of transfer or restriction 771 (L)	
Injury and Ilines	ss Types		
Total number of (M)		•	
) Injuries	95	(4) Poisonings	0
Skin disorders Respiratory condition	 ons1	(5) Hearing Loss (6) All other illness	

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.

		337 VALLEY HEALTI	H SYSTEM LLC-	-SPRING
Your est	tablishment	VALLEY HOSPITAL		
Street	5400 SOUTH RAINBO	N		
City <u>l</u>	_AS VEGAS	State	NV Zip	89134
Industry o	description (e.g., Man	nufacture of motor tru	uck trailers)	
ç	General Medical and Su	urgical Hospitals		·
Standard 1	Industrial Classificati	ion (SIC), if known (e.g., SIC 3715)	
OR .	8 0 6			
North Arr	nerican Industrial Clas	ssification (NAICS),	if known (e.g.,	336212)
	6 2 2	_1_ 1_ 0_		
	yment Inform t or back of this page	nation(If you don't e to continue)	have these figu	res, see the
Annual av	verage number of emp	ployees	1,431.08	
Total hou	rs worked by all emp	loyees last year	4,223,436.2	2
Sign h	iere			
Knowi	ngly falsifying t	this document	nay result	in a fine.
I certify	ge the entries are t	ned this document true, accurate, and		ne best of my
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