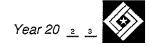
OSHA's Form 300A (Rev. 01/2004)



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 Cases

Total number of deaths o (G)	Total number of cases with days away from work 2 (H)	Total number of cases with job transfer or restriction (1)	Total number of other recordable cases (J)
Number of Day	/s		
Total number of da away from work 67 (K)		tal number of days of transfer or restriction 436 (L)	
Injury and Illne	ess Types		
Total number of (M)			
(1) Injuries	15	(4) Poisonings	0_
(2) Skin disorders (3) Respiratory condition		(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.

Establishment Information				
Your establishment	833 VALLEY HEALTH SYSTEM LLC-VALLEY HEALTH SURGERY AND REHAB HOSPITAL			
Street 8656 WEST PATRICH	< LANE			
City LAS VEGAS	State NV Zip 89148			
Industry description (e.g., Me	anufacture of motor truck trailers)			
General Medical and	Surgical Hospitals			
Standard Industrial Classifica	ation (SIC), if known (e.g., SIC 3715)			
_806 OR				
North American Industrial Cl	assification (NAICS), if known (e.g., 336212)			
6 2 2	10_			
Employment Information Worksheet on back of this page	mation(If you don't have these figures, see the ge to continue)			
Annual average number of en	nployees			
Total hours worked by all em	ployees last year			
Sign here				
Knowingly falsifying	this document may result in a fine.			
knowledge the entries are	ined this document and that to the best of my true, accurate, and complete. We HE UT			
202 777	7123 178207			