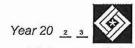
OSHA's Form 300A (Rev. 01/2004)

NW, Washington, DC, 20210. Do not send the completed forms to this office.



Summary of Work-Related Injuries and Illnesses

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

Form approved OMB no. 1218-0176

All establishments covered by Part 1904 must complete this Summary page, oven if no work-related injuries or linesses 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 edded 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						
Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases			
(G)	(H)	7 (l)	(J)			
Number of Days			S. E. L.			
Total number of day away from work		al number of days of transfer or restriction			ÿ.	
180 (K)	-	278 (L)				
Injury and Illnes	s Types					
Total number of (M)						
1) Injuries	33	(4) Poisonings	0			
2) Skin disorders		(5) Hearing Loss (6) All other illnesse				
3) Respiratory condition	ns <u> </u>	(O) Fell Office Infesse	s <u>1</u>			
Post this Summar	/ page from Febr	uary 1 to April 30 of the	e year following the y	ear covered by	the form.	
complete and review the coll	ection of information. Per	on is estimated to average 50 minutes sons are not required to respond to the this data collection, contact: US Dep	he collection of information unle	ss it displays a currently v	ralid OMB control number. If	you have any

Establishment Information 915 SPARKS FAMILY HOSPITAL. INC.-NORTHERN NEVADA SIERRA MED CTR Your establishment 8500 LONGLEY LANE State NV Zip 89511 Industry description (e.g., Manufacture of motor truck trailers) Gonomi Modical and Surgical Hospitals Standard Industrial Classification (SIC), if known (e.g., SIC 3715) 8 0 6 2 North American Industrial Classification (NAICS), if known (e.g., 336212) 6 2 2 1 1 0 Employment Information (If you don't have these figures, see the Worksheet on back of this page to continue) Annual average number of employees 622.73 Total hours worked by all employees last year 1,853,632,24 Sign here Knowingly falsifying this document may result in a fine. document and that to the best of my I certify that I h