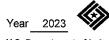
OSHA's Form 300A (Rev. 01/2004)

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, even if no injuries or illnesses occurred during the year. Remember to review the Log to verify that the entries are complete

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 1904.35, in OSHA's Record

Number of Cases		_	
Total number of deaths	Total number of cases with days away from work 0	Total number of cases with job transfer or restriction 0	Total number of other recordable cases
(G)	(H)	(1)	(J)
NumberofiDays			
Total number of days away from		Total number of days of job transfer or restriction	
2 (K)		0 (L)	-
lojuryand Illness i	ypes		
Total number of (M)			
(1) Injury	26	(4) Poisoning	0
(2) Skin Disorder (3) Respiratory	0	(5) Hearing Loss	0
Condition	0	(6) All Other Illnesses	0

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 58 minutes per response, including time to review the instruction, search and galher 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 aspects of this data collection, contact: US Department of Labor, OSHA Office of Statistics, Room N-3644, 200 Constitution Ave, NW, Washinaton, DC 20210. Do not send the completed forms to this office.

stablish	ment information			
Your	establishment name Aging	& Disability Services Division -	Desert Regional Center	
Stree	1391 S Jones Blvd.			
City	Las Vegas	State	Nevada	Zip <u>89146</u>
Indus	try description (e.g., Manufact Services for Physical & Mer	· ·		
Stand	ard Industrial Classification (S	iIC), if known (e.g., SIC 3715)		
R North	American Industrial Classifica	_ ition (NAICS), if known (e.g., 33	36212)	
	6 2 4		,	
mploym	ent information			
Annus	al average number of employe	es 179		
	hours worked by all employee			
year	пош'я worked by ак етіріоуев	373,752		
ign here	•			
Know	ingly falsifying this docume	nt may recult in a fine		
14104	mgiy iaisiiying aas aocame	nt may result in a mie.		
I certif compl	y that I have examined this do ete.	cument and that to the best of	my knowledge the entries ar	re true, accurate, and
	ul 172			HR Analy
eno.	Company executive			Title
7	12) A80, 63	25		1/26/24