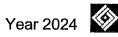
## OSHA's Form 300A (Rev. 01/2004)



## 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".

Employee, 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	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(1)	(J)
Number of Days			
Total number of days away from work		Total number of days of job transfer or restriction	
0		.0	
(K)		(L)	
Injury and Illness Types			
Total number of (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing loss	0
(3) Respiratory conditions	0	(6) All other illnesses	Ò
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Post this Summary page from February 1 to April 30 of the year following the year covered by the form

Public reporting for this collection of information is estimated to average 14 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 current 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 form to this office.

Establish	Establishment Information				
Your Esta	ıblishment name	Facility - 3XC	Ambulatory	Surgical Center of	
Street	6950 S Cimarro	on Rd 100			
City	Las Vegas		State	NV	
Industry description (e.g., Manufacture of motor truck trailers)					
	Offices and Clinics of Doctors of Medicine				
Standard Ir	ndustrial Classifica	ation (SIC), if kno	wn (e.g., 3715)		
	80	011			
OR					
North Ame	rican Industrial Cla	assification (NAIC	CS), if known (e.g., 3	336212)	
	6 2 1	4 9 3			
Employment Information(If you don't have these figures, see the Worksheet on the back of this page to estimate.)					
Annual average number of employees				30	
Total hours worked by all employees last year			<del>.</del>	60000	
O' hare					
Sign here	,				
Knowingly falsifying this document may result in a fine.					
I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.					
XU	-1/		Admini	data	
Company	executive			itle	
() '702 Phone	<u>-952-14</u>	daO	131	2025	