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	Total number of cases with job transfer or restriction	Total number of other recordable cases			
(G)	(H)	(1)	(J)			
Number of Days						
Total number of days away from		Total number of days of job transfer or restriction				
0 (K)	-	0 (L)				
Injury and Illness Types						
Total number of (M)						
(1) Injury	0	(4) Poisoning	0			
(2) Skin Disorder	0	(5) Hearing Loss	0			
(3) Respiratory 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 50 minutes per response, including time to review the instruction, 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 aspects of this data collection, contact: US Department of Labor, OSHA Office of Statistics, Room N-3644, 200 Constitution Ave, NW, Washington, DC 20210. Do not send the completed forms to this office.

Establis	hment information			
You	establishment name Anthem Village Di	alysis #03645		
Stre	et 2530 Anthem Village Drive			
City	Henderson	State	VV	Zip <u>89052</u>
Indu	stry description (e.g., Manufacture of moto Healthcare	r truck trailers)		
Star	dard Industrial Classification (SIC), if know	n (e.g., SIC 3715)		
	8 0 9 2			
OR Nort	American Industrial Classification (NAICS	, , ,		
	6 2 1 4 9	2		
Employ	nent information			
	ial average number of employees hours worked by all employees last -	17 26,455		
Sign he	e Norma Managhan			
Kno	wingly falsifying this document may res	ult in a fine.		
	ify that I have examined this document an lete.	d that to the best of my knowled	dge the entries are true	e, accurate, and
Norr	na Managhan Nerma Managhan Company executive			Facility Administrato Title
702-	614-0590 Phone	<u> </u>		1/27/2025 Date