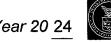
OSHA's Form 300A (Rev. 04/2004)

Note: You can type input into this form and save it.
Because the forms in this recordkeeping package are "fillable/writable"
PDF documents, you can type into the input form fields and
then save your inputs using the free Adobe PDF Reader.



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	Total number of cases with days away from work	with job transfer or	Total number of other recordable cases	
0	0	0	02	
(G)	(H)	(1)	(1)	
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				
(1) Injuries	02	(4) Poisonings	0	
(2) Skin disorders	0	(5) Hearing loss	0	
(3) Respiratory cond	itions 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 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 name Azura Surge	ery Center Las Vegas
Street 2450 Fire Mesa Strret Sui	te 100
City Las Vegas State	NV Zip 89128
Industry description (e.g., Manufacture of ASC	motor truck trailers)
North American Industrial Classification (NAICS), if known (e.g., 336212)
Employment information (If you don't Worksheet on the next page to estimate.)	have these figures, see the
Annual average number of employees	40
Total hours worked by all employees last	year <u>83,200</u>
Sign here	
Knowingly falsifying this document	may result in a fine.
I certify that I have examined this doc my knowledge the entries are true, acc	
A7, OB start about	Facility Administrator
Company executive	Title
Phone 702-341-8031	Date 1/31/2025
	Reset