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

Number of Cases

Summary of Work-Related Injuries and Illnesses

Year 2024

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 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 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 2	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		91		
(K)		(L)		
Injury and Illness T	ypes			
Total number of (M)				
(1) Injury	1	(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 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.

Establishment information									
	Your e	stablishment name	Banner Churchil	Il Community Hospit	tal				
	Street 801 E Williams Ave								
	City	Fallon		State	Nevada	Zip <u>89406</u>			
	Industry description (e.g., Manufacture of motor truck trailers) General Medical and Surgical Hospitals								
	Standard Industrial Classification (SIC), if known (e.g., SIC 3715)								
OR	R North American Industrial Classification (NAICS), if known (e.g., 336212)								
		6 2 2	_ 1 _ 1	0					
Emp	oloyme	ent information							
	Annua	average number of	employees	351					
	Total h year	ours worked by all e	mployees last	442,325					
Sigr	n here								
	Knowi	ngly falsifying this o	locument may re	esult 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.								
	10	Company e	Saffor kecutive	d		Workers Comp/EH& Title			
		602-747- Phon		<u> </u>		1/27/2025 Date			