

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

## Summary of Work-Related Injuries and Illnesses

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.

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	Total number of other recordable cases
0	5	1	9
_____	_____	_____	_____
(G)	(H)	(I)	(J)

### Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
93	10
_____	_____
(K)	(L)

### Injury and Illness Types

Total number of...			
(M)			
(1) Injury	12	(4) Poisoning	_____
(2) Skin Disorder	3	(5) Hearing Loss	_____
(3) Respiratory Condition	_____	(6) All Other Illnesses	_____

**Post this Summary page from February 1 to April 30 of the year following the year co**

Public reporting burden for this collection of information is estimated to average 58 minutes per response, including time to review the the data needed, and complete and review the collection of information. Persons are not required to respond to the collection of infor currently valid OMB control number. If you have any comments about these estimates or any aspects of this data collection, contact: OSHA Office of Statistics, Room N-3644, 200 Constitution Ave, NW, Washington, DC 20210. Do not send the completed forms to thi

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# and Illnesses

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## Establishment information

Your establishment name Carson Valley Health

Street 1107 Hwy 395 N

City Gardnerville State \_\_\_\_\_

Industry description (e.g., Manufacture of motor truck trailer)  
Critical Access Hospital

Standard Industrial Classification (SIC), if known (e.g., SIC 3

OR \_\_\_\_\_  
North American Industrial Classification (NAICS), if known (e.g., NAICS 622110)

## Employment information

Annual average number of employees 523

Total hours worked by all employees last year 1,126,714

## 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 and belief, the information provided is true and correct.

**covered by the form**

Instruction, search and gather  
information unless it displays a  
US Department of Labor,  
office.

Christy Bertholf

Company executive

775 783-3083

Phone



Year 2024



**U.S. Department**  
**Occupational Safety and Health A**

Form approved OMB no. 1218-0176

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Nevada                      Zip                      89410

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e.g., 336212)

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Best of my knowledge the entries are true, accurate, and complete.

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HR Generalist

Title

1/8/2025

Date



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