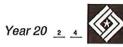
OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

All establishments covered by Part 1904 must complete this Summary page, even if no 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.



U.S. Department of Labor Occupational Salety and Health Administration

Form approved OMB no. 1218-0176

| had no cases, write "0." | | e for each category. Then write the elives have the right to review the Ox recordkeeping rule, for further details | | | |
|---|--|--|---|--|--|
| Number of Case | | | | | |
| Total number of deaths O(G) | Total number of cases with days away from work 15 (H) | Total number of cases with job transfer or restriction 20 (1) | Total number of other recordable cases (J) | | |
| Total number of days away from work | s Tot | al number of days of transfer or restriction 785 (L) | | | |
| Injury and Ilines | s Types | | No. | | |
| Total number of | | | | | |
| (1) Injuries | 100 | (4) Poisonings | 0 | | |
| 2) Skin disorders 3) Respiratory condition | s | (5) Hearing Loss (6) All other illnesse | | | |
| (3) Respiratory condition | 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 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.

| Estab | Ishment Inf | formation |
|-------------|-----------------------------------|--|
| Your est | ablishment | 340 VALLEY HEALTH SYSTEM LLC-CENTENINAL HILLS |
| Street 6 | 900 NORTH DURA | WGO DRIVE |
| City L | AS VEGAS | State NV Zip 89149 |
| Industry d | escription (e.g., M | lanufacture of motor truck trailers) |
| 9 | ieneral Medical and | I Surgical Hospitals |
| Standard I | ndustrial Classific | ration (SIC), if known (e.g., SIC 3715) |
| OR - | 8 0 6 | _ 2 |
| North Am | rican Industrial C | lassification (NAICS), if known (e.g., 336212) |
| _ | 6 2 2 | |
| | yment Infor on back of this pa | malion(if you don't have these figures, see the age to continue) |
| Annual ave | rage number of er | mployees 1,334 |
| Total hours | worked by all em | oployees last year 3,716,197 |
| Sign he | ere | |
| Knowin | gly folsifying | this document may result in a fine. |
| | | ined this document and that to the best of my true, accurate, and complete. |
| Company | | CS O Tide |
| 712 | 835-9 | 1721 12125 |