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

Total number of cases with days away from work 0	Total number of cases with Job transfer or restriction	Total number of other recordable cases
(H)	(1)	(1)
	Total number of days of job transfer or restriction	
	(L)	
Гуреѕ		
=	(4) Poisoning (5) Hearing Loss	
	cases with days away from work 0	cases with days away from work 0 (I) (H) Total number of days of job transfer or restriction (L) Types (4) Poisoning

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.

stablishm	ent information			
Your esta	ablishment name <u>DaVita</u>	Centennial		
Street 8	775 W Deer Springs Way			
aty <u>L</u>	as vegas	State	NV	Zip89147
	description (e.g., Manufact lealthcare - Dialysis	ure of motor truck trailers)		
Standard	I Industrial Classification (S	IC), if known (e.g., SIC 3715)		
OR North Arr	nerican Industrial Classifica	tion (NAICS), if known (e.g., 33	06212)	
Employmen	t information			
	verage number of employe	The same state of		
year	irs worked by all employee			
ign here				
Knowing	ly falsifying this docume	nt may result in a fine.		
I certify the		ocument and that to the best of	my knowledge the entrie	es are true, accurate, and
Enrico Po				Facility Adminstrator
Cincore	Company executive			Title
702-395-				8/12/2024 Date
	Phone			Dato