

Summary of Work-Related Injuries and Illnesses

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.

Year 20 23



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 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	Total number of cases with job transfer or restriction	Total number of other recordable cases
<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
<u>0</u>	<u>0</u>
(K)	(L)

Injury and Illness Types

Total number of ... (M)	
(1) Injuries	<u>0</u>
(2) Skin disorders	<u>0</u>
(3) Respiratory conditions	<u>0</u>
(4) Poisonings	<u>0</u>
(5) Hearing loss	<u>0</u>
(6) All other illnesses	<u>0</u>

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 Dialysis Clinic Inc.
 Street 1995 Errecart Blvd.
 City Elko State NV Zip 89801

Industry description (e.g., *Manufacture of motor truck trailers*)

Dialysis Clinic

North American Industrial Classification (NAICS), if known (e.g., 336212)

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Employment information (If you don't have these figures, see the Worksheet on the next page to estimate.)

Annual average number of employees 15

Total hours worked by all employees last year 26,042.43

Sign here Alice Guzowski RW

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 the entries are true, accurate, and complete.

Alice Guzowski RW Nurse Manager
 Company executive Title

Phone 775-738-4090 Date 1/30/2024

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

Summary of Work-Related Injuries and Illnesses

2022

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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	10	0	10
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
37	0
(K)	(L)

Injury and Illness Types

Total number of... (M)	
(1) Injury	0
(2) Skin Disorder	0
(3) Respiratory Condition	0
(4) Poisoning	0
(5) Hearing Loss	0
(6) All Other Illnesses	10

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Establishment information

Your establishment name Dialysis clinic Inc. #182
 Street 1995 Errecart Blvd. Ste. 100
 City Elko State NV
 Industry description (e.g., Manufacture of motor truck trailers)
Dialysis Clinic
 Standard Industrial Classification (SIC), if known (e.g., SIC 3715)
 OR North American Industrial Classification (NAICS), if known (e.g., 336212)

Employment information

Annual average number of employees 15
 Total hours worked by all employees last year 26,060.55

Sign here

Alice Kuzashina

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 the complete.

Alice Kuzashina
 Company executive

775 738-4090
 Phone

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

Summary of Work-Related Injuries and Illnesses

Year 2021

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

Form approved OMB no. 1218-0176

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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."

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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
<u>0</u>	<u>3</u>	<u>0</u>	<u>1</u>
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
<u>22</u>	<u>0</u>
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injury	<u>1</u>	(4) Poisoning	<u>0</u>
(2) Skin Disorder	<u>0</u>	(5) Hearing Loss	<u>0</u>
(3) Respiratory Condition	<u>3</u>	(6) All Other Illnesses	<u>0</u>

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Establishment information

Your establishment name Dialysis Clinic Inc. #182

Street 1995 Errecart Blvd. Suite 100

City Elko State Nevada Zip 89801

Industry description (e.g., Manufacture of motor truck trailers)
Dialysis Clinic

Standard Industrial Classification (SIC), if known (e.g., SIC 3715)

OR North American Industrial Classification (NAICS), if known (e.g., 336212)

Employment information

Annual average number of employees 16

Total hours worked by all employees last year 23052.25

Sign here Alice Guzouskis, RN

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I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Alice Guzouskis
Company executive

Nurse Manager
Title

775-738-4090
Phone

2/1/2022
Date