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

Summary of Work-Related Injuries and Illnesses



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

All establisments 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 orify that the entries are complete and accurate before completing this summary.

Usir g thing, 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 og. If you had no cases write "0."

Employes 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 For 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 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	0	1	2
(G)	(H)	(1)	(J)
Number of Da	ys .	N. C. S.	
Total number of days away from work		Total number of days of job transfer or restriction	
0		153	
(K)		(L)	
	(14)	,	
Injury and Ilin			
Injury and IIIn Total number of .	ess Types	建 图 英	
Total number of . (M)	ess Types	(4) Poisonings	0
	ess Types		100000

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 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 establishment name Dignity Las Vegas

Street 2930 Siena Heights

City Henderson

89052 State NV

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

Standard Industrial Classification (SIC), if known (e.g., SIC 3715) 8069

North American Industrial Classification (NAICS), if known (e.g., 336212) 622310

Employment information

Annual average number of employees

260

Total hours worked by all employees last year

385,653

Sian 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 the entries are true, accurate, and complete.

Jan 20, 2025