

Summary of Work Related Injuries and Illnesses



Form approved OMB no. 1218-0176-9159

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
0	0	0	0
Number of Days			
Total number of days away from work		Total number of days of job transfer or restriction	
0		0	
Injury and Illness Types			
Total number of ...			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

Establishment information

Company name: **Elko Replenish Med Spa**

Your establishment name: **Elko Replenish Med Spa**

Street: **1825 PINION RD Suite E**

City: **ELKO** State: **NV** Zip: **89521**

Industry description: **Medical**

North American Industrial Classification (NAICS), if known: **621111**

EIN: **863126396**

Employment information

Annual average number of employees: **5**

Total hours worked by all employees last year: **9566**

What was the maximum number of employees at this establishment for this year?: **Under 20**

Is this establishment part of a public sector (government) entity?
No

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 the entries are true, accurate, and complete.

Josie Cervantes	Manager
Company Executive	Title
7754001660	3/1/26
Phone	Date

File with OSHA? **Yes**