OSHA's Form 300A (Rev. 01/2004) Summary of Work-Related Injuries and Illnesses

Year

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

Form approved OMB no. 1218-0178

All establishments covered by Part 1904 must complete this Summary page, even if no injuries or linesses 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 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. 1904.35, in OSHA's Recordkeeping rule, for further details on the access provisions for these forms.

Number of Cours

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
(G)	(H)	2 (i)	(J)
Number of Days			
Total number of days away from work		Total number of days of job transfer or restriction	
3 (K)		196 (L)	
Injury and Illness T	Types		
Total number of (M)			
(1) Injury	5	(4) Poisoning	0
(2) Skin Disorder	0	(5) Hearing Loss	0
(3) Respiratory Condition	0	(6) All Other Illnesses	2

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 to the collection of information unless it displays a currently valid CMB control number. If you have any comments about these estimates or any aspects of firis 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.

Your establishment name Encompass I	lealth Rehabiliation Hos	pital of Las Vegas, LLC	
Street 1250 Valley View Blvd			
City Las Vegas	State	Nevada	Zip89102
Industry description (e.g., Manufacture of n Medical Services	notor truck trailers)		
Standard Industrial Classification (SIC), if k	nown (e.g., SIC 3715)		
800 6 9			
OR North American Industrial Classification (N.	AICS), if known (e.g., 33	5212)	
imployment information			
inployment information			
NEW YORK CONTRACTORS AND	223		
Annual average number of employees	250		
Total hours worked by all employees last			
year	313710		
CV STATES			
gn here			
Knowingly falsifying this document may	result in a fine		
renowingly receiving time document may	result in a line.		
I certify that I have examined this documen	t and that to the best of	my knowledge the entries	are tous accurate and
complete		ny momenta dia mana	rare root, according, ario
Tij Von Nieda			CEO
Company executive			Title
702-877-8898			1/27/2025