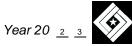
Number of Cases

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

Summary of Work-Related Injuries and Illnesses Occupational Safety and Health Administration



U.S. Department of Labor

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

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.

Total number of deaths O (G)	Total number of cases with days away from work 0 (H)	Total number of cases with job transfer or restriction	Total number of other recordable cases O (J)
Total number of day away from work	ys To	otal number of days of b transfer or restriction 175	
(K) Injury and Illnes	ss Types	(L)	
Total number of (M)			
1) Injuries	1	(4) Poisonings	0
2) Skin disorders 3) Respiratory conditio	 o	(5) Hearing Loss(6) All other illness	

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 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 I	nformation
Your establishment	NV014 LAS VEGAS-2650 N TENAYA WAY
Street	2650 N TENAYA WAY
City LAS	VEGAS State NV Zip 89128
Industry description (e.g.	., Manufacture of motor truck trailers)
Freestanding /	Ambulatory Surgical and Emergency Center
Standard Industrial Class	sification (SIC), if known (e.g., SIC 3715)
OR	
	formation(If you don't have these figures, see the s page to continue)
Annual average number of	of employees43
Total hours worked by	l employees last year 71,925.13
Sign here	
Knowingly falsify	ring this document may result in a fine.
, and a	I
I certify that I have ex	xamined this document and that to the best of my s are true, accurate, and complete.
I certify that I have ex	
I certify that I have ex knowledge the entries	s are true, accurate, and complete.