

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 24

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

Form approved OSHA 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 job transfer or restriction _____ Total number of other recordable cases _____
(G) 0 (H) 0 (I) 0 (J) 0

Number of Days

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

Injury and Illness Types

Total number of...
(M) 0 (4) Poisonings 0
(2) Skin disorders 0 (5) Hearing loss 0
(3) Respiratory conditions 0 (6) All other illnesses 0

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 30 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 OSHA Form number. If you are having difficulty with this form, contact the Office of Management and Administration, OSHA, 200 Constitution Avenue, NW, Washington, DC 20210. Do not send the completed forms to this office.

Establishment Information

Your establishment name: Harmon Hospital - SNF
Street: 2170 East Harmon Avenue
City: Las Vegas State: Nv Zip: 89119
Industry description (e.g., *Manufacture of motor truck trailers*):
Skilled Nursing Facility
North American Industrial Classification (NAICS), if known (e.g., 336212):
623110

Employment Information (If you don't have these figures, see the Worksheet on the next page to estimate.)
Annual average number of employees: 18
Total hours worked by all employees last year: 34,320.00

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.

FRANK MUSECOFF Title: CEO
Company executive Date: 1/3/25
Phone: 702-794-0100

Reset