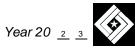
## OSHA's Form 300A (Rev. 01/2004)

NW, Washington, DC, 20210. Do not send the completed forms to this office.

## Summary of Work-Related Injuries and Illnesses



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

1/23/2024

(952) 936-1176

3-0176

					Form approved OMB no.	
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.				Establishment Information		
Using the Log, count the individual entries you had no cases, write "0."	made for each category. Then write the	ne totals below, making sure you've added the entries from every pa	age of the Log. If you	Varia antablishment NIV048 i	LAS VEGAS-8655 S EASTERN AVE	
Employees, former employees, and their represts equivalent. See 29 CFR Part 1904.35, in OSI	sentatives have the right to review the	OSHA Form 300 in its entirety. They also have limited access to the	ne OSHA Form 301 or	Your establishment NV048 L	_AS VEGAS-8000 S EASTERN AVE	
its equivalent. See 29 CFN Part 1904.55, iii OSi	iA's recordiceeping rule, for further deta	ans off the access provisions for these forms.		Street 8655 S EA	STERN AVE	
Number of Cases				City LAS VEGAS	StateNVZip89123	
Total number of deaths Total number cases with day		Total number of other recordable		Industry description (e.g., Manufacture of	f motor truck trailers)	
away from wo	3	cases		Home Health Care Service		
(G) 2 (H)		1 (J)		Standard Industrial Classification (SIC),	if known (e.g., SIC 3715)	
Number of Days				OR — — — —		
Total number of days	Total number of days of			North American Industrial Classification	(NAICS), if known (e.g., 336212)	
away from work	job transfer or restriction			6 2 1 6	1 0	
(K)	(L)					
Injury and Illness Types				Employment Information(I) Worksheet on back of this page to continu		
T. 1 1 C				Annual average number of employees	272	
Total number of (M)				Total hours worked by all employees last	year <u>523,289.4</u>	
(1) Injuries <u>10</u>	(4) Poisonings	0		Cian horo		
	(5) Hearing Loss	0		Sign here		
(2) Skin disorders0_	(6) All other illnes	ses 0		Knowingly falsifying this doc	ument may result in a fine.	
3) Respiratory conditions0_	(o) The other fillies					
Post this Summary nage from I	February 1 to April 30 of t	the year following the year covered by the t	form	I certify that I have examined this d knowledge the entries are true, accu	-	
r ost ans summary page nom	estuary i to April 30 Of t	ne year ronowing the year covered by the r	Oili.	Sarah Warch	VP, Environmental, Occupational Health &	
	*	ates per response, including time to review the instructions, search a o the collection of information unless it displays a currently valid O		Company executive	Title	
*		Department of Labor, OSHA Office of Statistical Analysis, Room N	-	(952) 936-1176	1/23/2024	