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

Year 2023

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

Form approved OMB no. 1218-0176

All establishments covered by Part 1904 must complete this Summary page, even if no injuries or illnesses 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 farmer 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 Cases Total number of Total number of cases Total number of Total number of other recordable with job transfer or cases with days deaths restriction away from work (1) (H) (G) Number of Days Total number of days of Total number of iob transfer or restriction days away from Injury and Illness Types Total number of... (4) Poisoning (1) Injury (5) Hearing Loss (2) Skin Disorder (3) Respiratory (6) All Other Illnesses Condition

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 OMB control number. If you have any comments about these estimates or any aspects of this data collection, contact: US Department of Labor. OSHA Office of Statistics. Room N-3644, 200 Constitution Ave, NW, Washindton, DC 20210. Do not send the completed forms to this office.

stablishment informati	on			
Your establishment name	Horizon Specialty I	Hospital		
Street 640 Martin Luthe				
	Transport	State	NV	Zip89106
City Las Vegas				
Industry description (e.g.	., Manufacture of motor Specialty Hospital	r truck trailers)		
Standard Industrial Clas	sification (SIC), if know	n (e.g., SIC 3715)		
North American Industri		S), if known (e.g., 30	36212)	
North American Industri	3 1 1 - 1 -	0_		
nployment informatio	'n			
Annual average numbe Total hours worked by year		120,839		
ign here				
Knowingly falsifying t	his document may re	sult in a fine.		
Complete.	any executive	and that to the best	of my knowledge the entrie	S are true, accurate, and CEO Title
(702	9) 382-3155 Phone			Date