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

Summary of Work-Related Injuries and Illnesses



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 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 Record

REPORT OF THE PARTY OF	SALL STREET, SALES		The second second
Total number of deaths	Total number of cases with days away from work 0	Total number of cases with job transfer or restriction 2	Total number of other recordable cases
(G)	(H)	(1)	(J)
Number of Days			
Total number of days away from		Total number of days of job transfer or restriction	
160 (K)	-	292 (L)	Si .
Injury and Illness	Туреѕ		
Total number of (M)			
(1) Injury	4	(4) Poisoning	0
(2) Skin Disorder (3) Respiratory	0	(5) Hearing Loss	0
Condition	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 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, Washington, DC 20210. Do not send the completed forms to this office.

blish	ment information			
Youre	establishment name Horizon Spec	ialty Hospital		
Street	640 Martin Luther King Blvd, Jr.			
City	Las Vegas	State	NV	Zip <u>89106</u>
Indust	The second of the committee of the second of	· · · ·		
Stand	ard Industrial Classification (SIC), if	known (e.g., SIC 3715))	
North	American Industrial Classification (N	IAICS), if known (e.g.,	336212)	
	6 2 3 1	1 0		
oloym	ent information			
Annua	al average number of employees	94		
Total I year	hours worked by all employees last	133,888		
here	•			
Know	ringly falsifying this document may	result in a fine.		
		nt and that to the best	of my knowledge the entries	CEO Title
_	(702) 382-3155 Phone			7/3 / (2) Date
	Your e Street City Indust Stand North Annua Total year Know	Street 640 Martin Luther King Blvd. Jr. City Las Vegas Industry description (e.g., Manufacture of Healthcare LTAC Specialty Hospit Standard Industrial Classification (SIC), if North American Industrial Classification (N 6 2 3 1	Your establishment name Horizon Specialty Hospital Street 640 Martin Luther King Blvd. Jr. City Las Vegas State Industry description (e.g., Manufacture of motor truck trailers) Healthcare LTAC Specialty Hospital Standard Industrial Classification (SIC), if known (e.g., SIC 3715) North American Industrial Classification (NAICS), if known (e.g., 6 2 3 1 1 0 ployment information Annual average number of employees 94 Total hours worked by all employees last year 133,888 In here Knowingly falsifying this document may result in a fine. I certify that I have examined this document and that to the best complete. Corfipany executive (702) 382-3155	Your establishment name Horizon Specialty Hospital Street 640 Martin Luther King Blvd. Jr. City Las Vegas State NV Industry description (e.g., Manufacture of motor truck trailers) Healthcare LTAC Specialty Hospital Standard Industrial Classification (SIC), if known (e.g., SIC 3715) North American Industrial Classification (NAICS), if known (e.g., 336212) 6 2 3 1 1 0 ployment information Annual average number of employees 94 Total hours worked by all employees last year 133,888 In 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 complete. (702) 382-3155