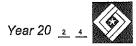
OSHA's Form 300A (Rev. 01/2004)



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

Form approved OMB no. 1218-0176

Summary of Work-Related Injuries and Illnesses

All establishments covered by Part 1904 must complete this Summery 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.

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
(G)	——————————————————————————————————————	<u>(1)</u>	
Number of Day	/s		
Total number of de away from work 160 (K)		tal number of days of transfer or restriction (L)	
Injury and Illne	ess Types		
Total number of (M)			
	3	(4) Poisonings	
(1) Injuries			

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 Information	
Your establishment H4801 KH LAS VEG	AS FLAMINGO
Street 2250 EAST FLAMINGO RD.	
City LAS VEGAS State	<u>NV</u> Zip <u>89102</u>
Industry description (e.g., Manufacture of motor tr	uck trailers)
Specialty (except Psychiatric and Substance	Abuse) Hospitals
Standard Industrial Classification (SIC), if known	e.g., SIC 3715)
B 0 6 9 OR	
North American Industrial Classification (NAICS)	if known (e.g., 336212)
<u>6 2 2 3 1 0</u>	
Employment information (If you don Worksheet on back of this page to continue)	t have these figures, see the
Annual average number of employees	184
Total hours worked by all employees last year	283,301.5
Sign here	21
Knowingly falsifying this document	may result in a fine.
I certify that I have examined this documer knowledge the entries are true, accurate, an Robio Haye Company executive	
AW 154-1300	1 24 25
rnone	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,