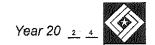
OSHA's Form 300A (Rev. 01/2004)



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 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, tomer 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 Cas	ses		
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)	(H)	(1)	(J)
Number of Day	/s		
Total number of daway from work 33 (K)		otal number of days of transfer or restriction	
Injury and Iline	ess Types		
Total number of (M)			
1) Injuries	2	(4) Poisonings	0
2) Skin disorders	0	(5) Hearing Loss(6) All other illnes	 ses
Respiratory condit	ions		

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 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.

Estab	lishment Inf	ormation		
Your establishment		H4847 KH LAS VEGAS SAHARA		
Street	5110 W. SAHARA A	VE.		
City	LAS VEGAS	State <u>NV</u> Zip <u>89148</u>		
Industry	description (e.g., A	Manufacture of motor truck trailers)		
	Specialty (except Ps	sychlatric and Substance Abuse) Hospitals		
Standard	Industrial Classifi	cation (SIC), if known (e.g., SIC 3715)		
OR	8 0 6	3 9		
North A	merican Industrial (Classification (NAICS), if known (e.g., 336212)		
	6 2 2	2 3 1 0		
	oyment Info	rmation(If you don't have these figures, see the page to continue)		
Annual :	average number of	employees161		
Total ho	urs worked by all e	employees last year <u>277,886.7</u>		
√ Sign	here	Leoph		
Know	ingly falsifyir	ng this document may result in a fine.		
		mined this document and that to the best of my are true, accurate, and complete.		
Rd	bin Ho	ager, market CEO		
Company	executive	Title		
(X)).	871-14	118 1 24 25		