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

Summary of Work-Related Injuries and Illnesses

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 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 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 Total number of cases Total number of deaths cases with days with job transfer or away from work restriction (G) Number of Days Total number of Total number of days of days away from job transfer or restriction Injury and Illness Types Total number of (1) Injury (2) Skin Disorder (3) Respiratory Condition (6) All Other Illnesses

Post this Summary page from February 1 to April 30 of the year following the year covered by the form

Public reporting builden 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.

Year 2024

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

Form approved OMB no. 1218-0176

stablishment information	
Your establishment name LCC OF RENO	
Street 445 HOLCOMB RANCH LANE	
City RENO State Nevada	Zip <u>89511</u>
Industry description (e.g., Manufacture of motor truck trailers) Nursing Care Facilities (Skilled Nursing Facilities)	
Standard Industrial Classification (SIC), if known (e,g., SIC 3715)	
DR North American Industrial Classification (NAICS), if known (e.g., 336212)	
6 2 3 1 1 0	
imployment information	
Annual average number of employees183	
Total hours worked by all employees last	
year <u>263,867</u>	
lgn here	
Knowingly falsifying this document may result in a fine.	
1-28-11-11	
I certify that I have examined this document and that to the best of my knowledge the entries ar contete.	re Irue, accurate, and
Carolyn Dinie	ED
775- 951- MIZ	Tille
Phone	1/31/2025 Dale