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

Year 2024

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 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 deaths 0 (G)	Total number of cases with days away from work 2 (H)	Total number of cases with job transfer or restriction 2	Total number of other recordable cases 2 (J)
Number of Days			
Total number of days away from		Total number of days of job transfer or restriction	
33 (K)	5	35 (L)	7
Injury and Illness 1	Types		
Total number of (M)			
(1) Injury (2) Skin Disorder (3) Respiratory	. 5 1	(4) Poisoning (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.

stablishment informatio	n		
Your establishment name	LCC SOUTH LAS VEGAS		
	*		
Street 2325 EAST HARM	ON AVENUE		
City LAS VEGAS	State	Nevada	Zip 89119
	Manufacture of motor truck trailers) ities (Skilled Nursing Facilities)		
	ication (SIC), if known (e.g., SIC 37	(4)	
	Classification (NAICS), if known (e.g	g., 336212)	
6 2 3	1 1 0		
mployment information			
Annual average number o Total hours worked by all year		-	
ign here			
Knowingly falsifylng this	document may result in a fine.		
	ned this document and that to the be	est of my knowledge the entries	s are true, accurate, and
complete.	Mrw 2000		ED Title
)42-	179 - 1992		7/3/(2) Date