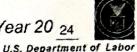
OSHA's Form 300A (Rev. 04/2004)

Number of Cases

Summary of Work-Related Injuries and Illnesses

Note: You can type input into this form and save it. Because the forms in this recordkeeping package are "fillable/writable" PDF documents, you can type into the input form fields and then save your inputs using the free Adobe PDF Reader.

Year 20 24



Occupational Sefety and Health Administration

Form approved OMB no. 1218-0176

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, 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	with job transfer or	Total number of other recordable cases	
0	0	0	0	
(G)	(H)	(i)	(J)	
Number of Day	s			
Total number of day away from work	s	Total number of days of job transfer or restriction		
0		0		
(K)		(L)		
Injury and Illne	ss Types			
Total number of (M) (1) Injuries	0	(4) Poisonings	0	
(2) Skin disorders	0	(5) Hearing loss	0	
(3) Respiratory cond	itions 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 instructions, search and gather the data needed, and Public reporting burden for time competence 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 complete and review the collection of information unless it displays a currently valid OMB control number. If you have any complete and review the collection of information unless it displays a currently valid OMB control number. If you have any complete and seview the consection or anyonisms. If you have any comments about those 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, comments about those 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, Commence adopt sites of the completed forms to this office Washington, DC 20210. Do not send the completed forms to this office

our establishment name	Lionheart F	16COVE	iy Celilei
Street 6565 Torr	iyasu Lane		and the second
City Las Vegas	State	NV	Zip 89120
Industry description (e	g., Manufacture o	f motor tr	uck trailers)
Residential Mental I	lealth and Subst	ance Abu	se Facility
North American Indus	strial Classification	(NAICS)	if known (e.g., 336212
Employment inforr Workshees on the next		'I have the	ese figures, see the
Annual average numb	er of employees	3	31
•			
Total hours worked by	all employees last	year _	18,280
	all employees last	year _	18,280
Total hours worked by		year _	
Total hours worked by Sign here Knowingly falsifying	ng this documen	t may re	sult in a fine,
Total hours worked by Sign here Knowingly falsifying I certify that I have my knowledge the	ng this documen	t may re	sult in a fine,
Total hours worked by Sign here Knowingly falsifyi: I certify that I have	ng this documen examined this do entries an true, ac	t may recument a	sult in a fine. and that to the best of and complete.