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

Summary of Work-Related Injuries and Illnesses

Year 2023
U.S. Department of Labor
Occupational Safety and Health Administration

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.

Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restrictions	Total number of other recordable cases
0	171	33	176
(G)	(H)	(I)	(J)

Number of Days

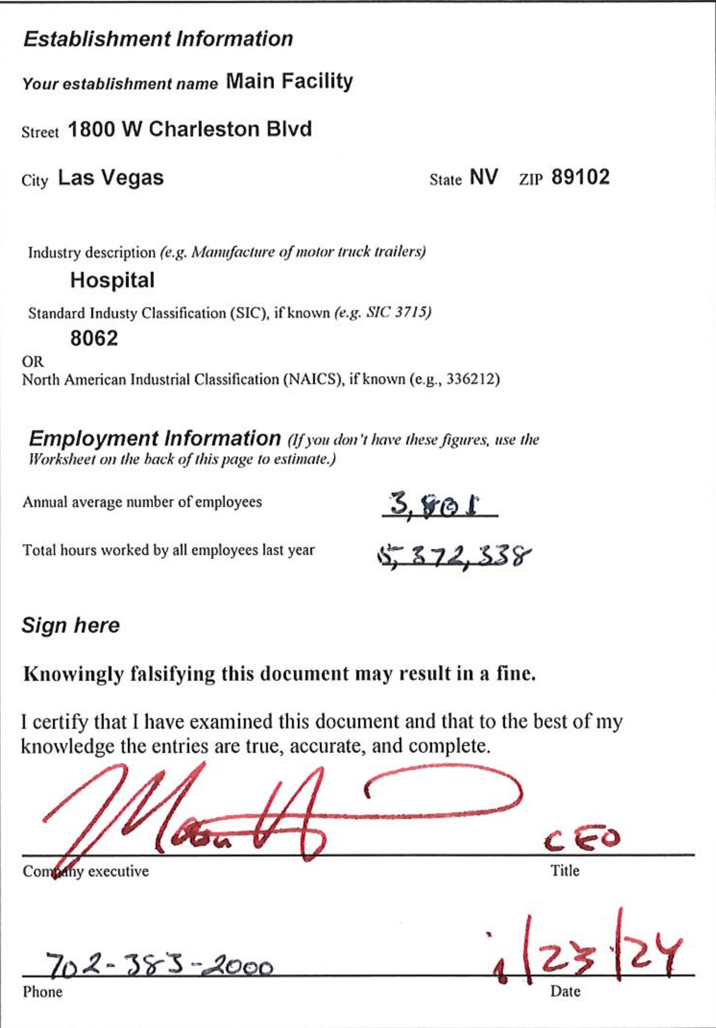
Total number of days away from work	Total number of days of job transfer or restriction
1166	2076
(K)	(L)

Injury and Illness Types

Total number of...

(M)

(1) Injuries	168	(4) Poisonings	0
		(5) Hearing loss	0
(2) Skin Disorders	0	(6) All Other illnesses	91
(3) Respiratory conditions	121		



Establishment Information

Your establishment name **Main Facility**

Street **1800 W Charleston Blvd**

City **Las Vegas** State **NV** ZIP **89102**

Industry description *(e.g. Manufacture of motor truck trailers)*
Hospital

Standard Industy Classification (SIC), if known *(e.g. SIC 3715)*
8062

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

Employment Information *(If you don't have these figures, use the Worksheet on the back of this page to estimate.)*

Annual average number of employees 3,801

Total hours worked by all employees last year 5,372,338

Sign here

Knowingly falsifying this document may result in a fine.

I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Company executive [signature] Title CEO

Phone 702-383-2000 Date 1/23/24

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.