OSHA's Form 300A
Summary of Work-Related Injuries and Illnesses

Year 2021
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 restriction	Total number of other recordable cases
0	3	30	57
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
80	1031
(K)	(L)

Injury and Illness Types

Total number of ...
(M)

(1) Injuries	90	(4) Poisonings	0
(2) Skin Disorders	0	(5) Hearing Loss	0
(3) Respiratory Conditions	0	(6) All Other Illnesses	0

Establishment Information

Your establishment name

MountainView Hospital

Street 3100 N. Tenaya Way

City Las Vegas State NV ZIP 89128

Industry description (e.g., Manufacturer of motor truck trailers)
Hospital

Standard Industrial Classification (SIC), if known (e.g., 3715)

OR

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

Employment Information

Annual average number of employees 2300

Total hours worked by all employees last year 3062871

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 CEO
Title

( ) -
Phone

1/25/22
Date

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