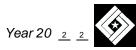
OSHA's Form 300A (Rev. 01/2004)

NW, Washington, DC, 20210. Do not send the completed forms to this office.

Summary of Work-Related Injuries and Illnesses

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,



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

1/30/2023

(952) 936-1176

Form approved OMB no. 1218-0176

				10 mapping of the
to verify that the entries are	e complete and accurate be	fore completing this summary.	s occurred during the year. Remember to review the Log Establishment Information Uve added the entries from every page of the Log. If you	
had no cases, write "0."	mulviduai entiles you made	e for each category. Then write th	e totals below, making sure y	Your establishment NV048 LAS VEGAS-8655 S EASTERN AVE
Employees, former emplits equivalent. See 29 CFF	loyees, and their representa R Part 1904.35, in OSHA's r	tives have the right to review the ecordkeeping rule, for further deta	OSHA Form 300 in its entirety ils on the access provisions f	They also have limited access to the OSHA Form 301 or
Number of Cas	ses			City LAS VEGAS State NV Zip 89123
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	Industry description (e.g., Manufacture of motor truck trailers) Home Health Care Services
(G)	1 (H)	1 (1)	4	
(G)	(П)	(1)	(3)	Standard Industrial Classification (SIC), if known (e.g., SIC 3715)
Number of Day	rs .			OR — — —
Total number of days Total number of days of away from work job transfer or restriction				North American Industrial Classification (NAICS), if known (e.g., 336212)
173 (K)		187 (I)		<u>6 2 1 6 1 0</u>
Injury and Illne	ess Types	(=)		Employment Information(If you don't have these figures, see the Worksheet on back of this page to continue)
Total number of				Annual average number of employees270
(M)				Total hours worked by all employees last year514,199.88
(1) Injuries	5	(4) Poisonings	0	Sign boro
(2) (1) 1, 1		(5) Hearing Loss	s <u>0</u>	Sign here dana wasa
(2) Skin disorders	1	(6) All other illnes	ses <u>0</u>	Knowingly falsifying this document may result in a fine.
(3) Respiratory condition	ons <u>0</u>			I certify that I have examined this document and that to the best of my
Post this Summa	ry page from Febr	ruary 1 to April 30 of t	he year following t	knowledge the entries are true, accurate, and complete.
				e to review the instructions, search and gather the data needed, and unless it displays a currently valid OMB control number. If you have any