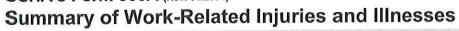
OSHA's Form 300A (Rev. 01/2004)





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

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	Total number of cases with days away from work 29	Total number of cases with job transfer or restriction 0	Total number of other recordable cases 46
(G)	(H)	(1)	(J)
Number of Days			
Total number of days away from		Total number of days of job transfer or restriction	
631 (K)	2	363 (L)	-
Injury and Illness 1	Гуреѕ		
Total number of (M)			
(1) Injury	54	(4) Poisoning	0
(2) Skin Disorder	0	(5) Hearing Loss	0
(3) Respiratory Condition	0	(6) All Other Illnesses	21

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.

Your establishment name NORTH	VISTA HOSPITAL		
Street 1409 E. Lake Mead Blvd.			
City North Las Vegas	State	NV	Zip89030
Industry description (e.g., Manufactur Healthcare	re of motor truck trailers)		
Standard Industrial Classification (SIG	C), if known (e.g., SIC 3715)		
8 0 6 2			
R North American Industrial Classificati	on (NAICS), if known (e.g., 3	36212)	
<u>6 2 2 1</u>	10		
mployment information			
Annual average number of employee	es <u>1013</u>		
Total hours worked by all employees year ign here Knowingly falsifying this document	1,508,636		
ign here	1,508,636	f my knowledge the entries	are true, accurate, and
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