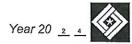
## OSHA's Form 300A (Rev. 01/2004)



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

Form approved OMB no. 1218-0176

## Summary of Work-Related Injuries and Illnesses

All establishments covered by Part 1904 must complete this Summary page, even if no work-related injuries or Einesses 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.

deaths	Total number of cases with days away from work  (H)	Total number of cases with job transfer or restriction 7 (1)	Total number of other recordable cases  19 (J)	
Number of Days				
Total number of days away from work 475 (K)		tal number of days of transfer or restriction  305 (L.)		
Injury and Illnes	s Types			
Total number of (M)				
) Injuries	35	(4) Poisonings	0	
2) Skin disorders		(5) Hearing Loss	0	
3) Respiratory condition	0	(6) All other illness	es <u> </u>	

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.

Establishment Information
Your establishment (NCNORTHERN NEVADA MEDICAL CENTER
Street 2375 E PRATER WAY
City SPARKS State NV. Zip 89434
Industry description (e.g., Manufacture of motor truck trailers)
Goneral Medical and Surgical Hospitals
Standard Industrial Classification (SIC), if known (e.g., SIC 3715)
0R 8 0 6 2
North American Industrial Classification (NAICS), if known (e.g., 336212)
6 2 2 1 1 0
Employment Information (If you don't have these figures, see the Worksheet on back of this page to continue)
Annual average number of employees
Total hours worked by all employees last year 1,855,202
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.
075 356 4001 1 pg, 2025