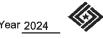
## OSHA's Form 300A (Rev. 01/2004)

## **Summary of Work-Related Injuries and Illnesses**



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 Record

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 10	Total number of other recordable cases 1 (J)	
(G)	(H)	(1)		
Number of Days	100			
Total number of days away from work		Total number of days of job transfer or restriction		
0 (K)	-	263		
		(L)		
Injury and Illness	lypes			
Total number of (M)				
(1) Injury	11	(4) Poisoning	0	
(2) Skin Disorder (3) Respiratory	0	(5) Hearing Loss	0	
Condition	n	(6) All Other Illnesses	n	

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.

Establish	ment information				
Your e	establishment name	Premiere of Las	√egas		
Street	2945 Casa Ve	jas Street			
City	Las Vegas	State	NV		zip 89169
Indust	try description (e.g., Mar Skilled Nursing Fa		railers)		
Stand	lard Industrial Classificat	ion (SIC), if known (e.g.,	SIC 3715)		
OR North	American Industrial Class	sification (NAICS), if knows	own (e.g., 336212)		
Employm	nent Information				
	al average number of en		551		
year		170	3240		
Sign her	e				
Know	vingly falsifying this do	cument may result in	a fine.		
l certi comp		this document and that to	the best of my knowle	edge the entries are true, a	ccurate, and
<del></del>	Company exe	cutive		:-	Admrh
	702-72,	5-7179		-	1/31/25 Date