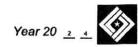
## OSHA's Form 300A (Rev. 01/2004)

## 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 work-related injuries or illnesses occurred during the year. I	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 Case	S		
Total number of deaths	Total number of cases with days away from work  (H)	cases with job	Total number of other recordable cases  (J)
Number of Days			
Total number of day away from work		tal number of days of transfer or restriction  6 (L)	
Injury and Illnes	s Types		
Total number of			
1) Injuries		(4) Poisonings	
Skin disorders     Respiratory conditio		(5) Hearing Loss (6) All other illnesse	
•		rupe 1 to April 30 of th	ne year following the year covered by the form
Public reporting burden for complete and review the col	this collection of informat lection of information. Po	ion is estimated to average 50 minute ersons are not required to respond to	ne year following the year covered by the form.  es per response, including time to review the instructions, search and gather the data needed, a the collection of information unless it displays a currently valid OMB control number. If you repartment of Labor, OSIA Office of Statistical Analysis, Room N-3644, 200 Constitution Av

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

Your e	establishment	MC ONL		EVADA	ISCM M	GMT, LLC		
Street	6530-C SOUTH MCCARRAN BLVD.							
City	RENO		State	NV	Zip	89509		
Industr	y description (e.g., A	Manufacture o	of motor tr	uck trail	'ers)			
	Freestanding Ambu	latory Surgical	and Emerg	ency Ce	nters	- Minima		
Standar	d Industrial Classifi	cation (SIC).	if known (	e.g., S10	3715			
OR	<u> </u>	1_1						
North A	American Industrial	Classification	(NAICS),	if know	n (c.g.,	336212)		
	_62	<u> </u>	9 3	_;				
	loyment info			t have th	ese figi	ures, see the		
Annual	average number of	employees			56	_		
Total h	ours worked by all o	employees last	year	_	67,696	_		
Sign	here							
Knov	wingly falsifyir	ng this doc	ument	may 1	result	in a fine.		
l certi	fy that I have exa	mined this	locumen	t and th	at to t	he best of my		
	ledge the entries					5.50		
A Compar	utu In	the		Hdi	nun	Stratu Title 1 29 2 S		