

# Saint Jude Hospice

4412 W CHARLESTON BLVD SUITE B  
LAS VEGAS NV 89102  
T: (702) 476 8509 | F: (702) 780-4920

# FAX

**To:** Antonya Begay **From:** Saint Jude Hospice  
**Fax:** 702 486-8715 **Pages:** 3 pages including Fax sheet  
**Phone:** 702-486-9086 **Date:** 1/25/2023  
**Re:** OSHA's Form 300 A **cc:**

Urgent  For Review  Please Comment  Please Reply  Please Recycle

Comments:

Good Afternoon,  
Please see attached OSHA's Form 300 A  
report.

Thank you,  
Rosemarie Culanay  
office mgr.

If you have received this fax in error, please notify the sender by phone and return this fax by mail to the address listed above. Thank you.

This message/material is intended solely for the addressee and may retain confidential information that is protected from unlawful disclosure and distribution. Disclosure or copying of

# OSHA's Form 300A (Rev. 04/2004)

## Summary of Work-Related Injuries and Illnesses

Note: You can type input into this form and save it. Because the forms in this recordkeeping package are "fillable/writable" PDF documents, you can type into the input form fields and then save your inputs using the free Adobe PDF Reader.

Year 20 22  
U.S. Department of  
Occupational Safety and Health Admin.  
Form approved OMB no. 12

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

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	Total number of other recordable cases
<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
(G)	(H)	(I)	(J)

Number of Days	
Total number of days away from work	Total number of days of job transfer or restriction
<u>0</u>	<u>0</u>
(K)	(L)

Injury and Illness Types			
Total number of ... (M)			
(1) Injuries	<u>0</u>	(4) Poisonings	<u>0</u>
(2) Skin disorders	<u>0</u>	(5) Hearing loss	<u>0</u>
(3) Respiratory conditions	<u>0</u>	(6) All other illnesses	<u>0</u>

**Establishment Information**

Your establishment name Saint Jude Hospice

Street 4412 W. Charleston Blvd

City Las Vegas State NV Zip 89102

Industry description (e.g., *Manufacture of motor truck trailers*)  
Hospice Care

North American Industrial Classification (NAICS), if known (e.g., 336212)

**Employment Information** (If you don't have these figures, see the Worksheet on the next page to estimate.)

Annual average number of employees 2

Total hours worked by all employees last year 3,840 Hrs/annua

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.

Rosemarie Culanay OFFICE manager

Company executive Title

Phone 702-476-8509 Date 1/25/2022

Reset

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 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 this estimate or any other aspect 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.

# OSHA's Form 300 (Rev. 04/2004) Log of Work-Related Injuries and Illnesses

**Note:** You can type input into this form and save it. Because the forms in this recordkeeping package are "fillable/writable" PDF documents, you can type into the input form fields and then save your inputs using the free Adobe PDF Reader. In addition, the forms are programmed to auto-calculate as appropriate.

**Attention:** This form contains information relating to employee health and must be used in a manner that protects the confidentiality of employees to the extent possible while the information is being used for occupational safety and health purposes.

Year 2022  
U.S. Department of  
Occupational Safety and Health

**Please Record:**  
- Information about every work-related death and about every work-related injury or illness that involves loss of consciousness, restricted work activity or job transfer, days away from work, or medical treatment beyond first aid.  
- Significant work-related injuries and illnesses that are diagnosed by a physician or licensed health care professional.  
- Work-related injuries and illnesses that meet any of the specific recording criteria listed in 29 CFR Part 1904.12.

**Reminders:**  
- Complete an Injury and Illness Incident Report (OSHA Form 301) or equivalent form for each injury or illness recorded on this form. If you're not sure whether a case is recordable, call your local OSHA office for help.  
- Feel free to use two lines for a single case if you need to.  
- Complete the 5 steps for each case.

Form approved OMS no. \_\_\_\_\_  
Establishment name Aspire Care  
City Las Vegas State N.V.

### Step 1. Identify the person

### Step 2. Describe the case

### Step 3. Classify the case

### Step 4.

### Step 5.

SELECT ONLY ONE circle based on the most serious outcome:

Enter the number of days the injured or ill worker was:

Select one column:

(A) Case no.	(B) Employee's name	(C) Job title (e.g., Welder)	(D) Date of injury or onset of illness (e.g., 2/10)	(E) Where the event occurred (e.g., Loading dock north end)	(F) Describe injury or illness, parts of body affected, and object/substance that directly injured or made person ill (e.g., Second degree burns on right forearm from acetylene torch)	Remained at Work				Days away from work (K)	On job transfer or restriction (L)	Class						
						Death (G)	Days away from work (H)	Job transfer or restriction (I)	Other recordable cases (J)			(M) Injury (1)	(N) Skin disease (2)	(O) Respiratory condition (3)	(P) Poisoning (4)	(Q) Hearing loss (5)		
Reset	NAME		month / day	NAME	NAME	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	___ days	___ days	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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Add a Form Page

Page totals ▶ 0 0 0 0 0 0  
Be sure to transfer these totals to the Summary page (Form 300A) before you post it.

Public reporting burden for this collection of information is estimated to average 14 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: U.S. Department of Labor, OSHA Office of Statistical Analysis, Room N-3624, 300 Courthouse Avenue, NW, Washington, DC 20210. Do not send the completed forms to this office.