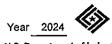
OSHA's Form 300A (Rev. 01/2004)

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 Recordkeeping rule, for further details on the access provisions for these forms.

Number of Cases		and the second	
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
0	0	0	
(G)	(H)	(1)	(J)
Number of Days			i in the second
Total number of days away from work		Total number of days of job transfer or restriction	
0		0	
(K)		(L)	-
Injury and Illness T	ypes		
Total number of (M)			
(1) Injury	0	(4) Poisoning	0 -
(2) Skin Disorder	0	(5) Hearing Loss	0
(3) Respiratory Condition	0	(6) All Other Illnesses	0

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 50 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.

Est	ablish	ment information	n			
	Your e	stablishment name	Siena Henderson	Dialysis Center		
	Street	2865 Siena Heights	s Drive suite 141			<u> </u>
	City	Henderson		State	NV	Zip <u>89052</u>
	Indust	ry description (e.g., M Healthcare	Manufacture of moto	or truck trailers)		
	Standa	ard Industrial Classifi	cation (SIC), if know	мп (e.g., SIC 3715	5)	
OR	North.	8 0 9	2 2 Classification (NAIC	S), if known (e.g.,	336212)	
Em	ploym	ent information	- 			
	Annua	ıl average number of	employees	16		
	Total i year	nours worked by all e	mployees last	32,945.42		
			•			> -
Sig	n here	1				
	Know	ingly falsifying this	document may res	sult in a fine.		
	I certifi compl	ete.		nd that to the bes	t of my knowledge the entries	s are true, accurate, and Facility Adminificate
	702-2	60-0348 Pho				1/27/2025 Date