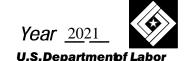
OSHA's Form 300A

Summary of Work-Related Injuries and Illnesses



OccupationaSafetyandHealthAdministration

FormapprovedOMBno. 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. 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 Total number of Total number of Total number of cases with days deaths cases with job other recordable away from work transfer or restriction cases 0 42 (G) (H) (I) (J) **Number of Days** Total number of days Total number of days of away from work job transfer or restriction **Injury and Illness Types** Total number of . . . (1) Injuries (3) Respiratory conditions (4) Poisonings (2) Skin disorders (5) Hearing loss (6) All other illnesses

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 minutesper 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 Statistics, Room N-3644, 200 Constitution Avenue, NW, Washington, DC 20210. Do not send the completed forms to this office.

| Your est | ablishment name Silver Hills Health Ca | are Cente | |
|---|--|-----------------|---|
| Street | 3450 N. Buffalo Drive | | |
| City | Las Vegas g | State NV | ZIP 89146 |
| Industry | description (e.g., Manufacture of motor tr Health Care | uck trailers) | |
| | | | |
| North A | merican Industrial Classification (NAIC | CS), if know | rn (e.g., 336212) |
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| Workshee | | t have these fi | |
| <i>Workshee</i> Annual : | t on the back of this page to estimate.) | | 3 |
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| Workshee Annual: Total ho Sign I Knowi | average number of employees urs worked by all employees last year there angly falsifying this document in the there that I have examined this document in dige the entries are true, accurate, a | 183 2797 | 89t in a fine. It to the best of m |