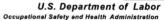
OSHA's Form 300A (Rev. 04/2004)

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 24



Form approved OMB no. 1218-0176

Summary of Work-Related Injuries and Illnesses

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 Case	s	4 10 1	
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	0
(G)	(H)	(1)	(J)
Number of Days			
Total number of days away from work		tal number of days of transfer or restriction	
0		0	
(K)		(L)	
Injury and Illnes	s Types		
Total number of (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing loss	0
(3) Respiratory condit	ions 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 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 these estimates or any other aspects 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.

Your establishment name	Silver State Ho	ospice	Care
Street 1771 E Fla	amingo Rd Ste	120A	
_{City} Las Vegas	State N	IV	_{Zip} 89119
Industry description (e.	g., Manufacture of mo	tor truck	trailers)
Healthcare facil	ity		
North American Indust	trial Classification (NA	ICS), if	known (e.g., 336)
Employment inform Worksheet on the next		ve these	figures, see the
Annual average numbe	r of employees	2_	
	all employees last year	. 340	0.00
Total hours worked by	an employees last year		
Sign here	an employees last year		
			It in a fine.
Sign here	g this document ma	ent and	that to the best

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