

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

Summary of Work-Related Injuries and Illnesses

Year _____



U.S. Department of Labor
Occupational Safety and Health Administration
Form approval OSHA no. 1216-0170

All establishments covered by Part 1904 must complete this Summary page, even if no injuries or illnesses occurred during the year. Instructions to complete this form are available at the website.

Using the Log, count the individual entries you made for each category. Then enter 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 1904.33. In OSHA's Recordkeeping rule, for further details on the access provisions for these

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
0	0	0	0
FD	DA	RT	OR

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
DA	RT

Injury and Illness Types

Total number of... (M)	(1) Injury	(2) Skin Disorder	(3) Respiratory Condition	(4) Poisoning	(5) All Other Illnesses
0	0	0	0	0	0
M	I	SD	RC	P	A

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 30 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 aspect of this data collection, contact: US Department of Labor, Office of Management and Enterprise Services, Paperwork Reduction Project (3020-0001), Washington, DC 20330. The collection of information shown here is required by 29 CFR 1904.33.

Establishment information

Your establishment name Chickadee Pediatric, PBA, Silver State Pediatric Skilled Nursing Facility
1000 W. Chickadee Blvd
 City Las Vegas State NV Zip 89102
 Industry description (e.g., Manufacturing of motor truck batteries)
Healthcare
 Standard Industrial Classification (SIC), if known (e.g., SIC 3719)
3719
 North American Industrial Classification (NAICS), if known (e.g., NAICS 336212)
336212

Employment information

Annual average number of employees 30
 Total hours worked by all employees last year _____

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.

Joseph P. Gorman
 Title _____

 Title _____

 Title _____

 Title _____