OSHA's Form 300A (Rev. 01/2004) Summary of Work-Related Injuries and Illnesses



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				
Total number of deaths	Total number of cases with days away from work 5	Total number of cases with job transfer or restriction	Total number of other recordable cases	
(G)	(H)	· (i)	(J)	
Number of Days				
Total number of days away from		Total number of days of job transfer or restriction		
234		49	_	
(K)		(L)		
Injury and Iliness 1	Types			
Total number of (M)				
(1) İnjury	7	(4) Poisoning	0	
(2) Skin Disorder (3) Respiratory		(5) Hearing Loss		
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 58 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 1 abor. OSHA Office of Statistics. Room N-3644. 200 Constitution Ave. NW. Washington. DC 20210 Do not send the completed forms to this office

Estab	olishment inf	ormation			
Υ	Your establishme	ent name South L	yon Medical Center		
	Street 231 S.				
	City Yeringt		State	NV	Zip <u>89447</u>
li	Industry descript Hospita		of motor truck trailers)		
S	Standard Industr	ial Classification (SIC)), if known (e.g., SIC 3715)		
OR N	North American	ndustrial Classification	n (NAICS), if known (e.g., 33	6212)	
≣mpi∈	oyment info	mation			
A	Annual average	number of employees	173		
	Total hours work year	ed by all employees la	238658.5		
Sign	here				
۲	Knowingly falsi	fying this document	may result in a fine.		
					•
	I certify that I ha	e examined this docu	ument and that to the best of	my knowledge the entries	are true, accurate, and
_		Company executive			Administrator
_	775-4	163-6409	7		1/31/24