

OSHA's Form 300A (Rev. 01/2014)

Summary of Work-Related Injuries and Illnesses

Year 2025



U.S. Department of Labor
Occupational Safety and Health Administration
Form approved OSHA no. 3218-0178

All establishments covered by Part 1904 must complete this Summary page, even if no injuries or illnesses occurred during the year. Refer to the instructions to the Form to verify that the entries are:

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 1904.33 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	2	1
(A)	(B)	(C)	(D)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(E)	(F)

Injury and Illness Types

Total number of... (M)	(N)	(O)	(P)
(1) Injury	2	(A) Skin Disorder	0
(2) Skin Disorder	0	(B) Musculoskeletal	2
(3) Respiratory Condition	0	(C) 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 30 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 on this burden estimate or any aspect of this data collection, include OMB, Paperwork Project (0750-0047), Washington, DC 20503. Send comments to Washington, DC 20503. Do not send the information to the

Establishment Information

Your establishment name SPANISH HILLS WELLNESS SUPPLY

Trade WELLNESS SUPPLY

City LAS VEGAS State NEVADA Zip 89119

Industry description (e.g., Manufacture of motor truck (S792))

WELLNESS SUPPLY FACILITY

Standard Industrial Classification (SIC), if known (e.g., SIC 3710)

North American Industrial Classification (NAICS), if known (e.g., NAICS)

8 2 3 1 1 0

Employment Information

Annual average number of employees 101

Total hours worked by all employees last year 340,736

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.

MATTHEW JOHNSON

Company Representative

ERIC P. PERRY

OSHA/DC

Phone

OSHA/DC

Date