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

Year 20 2 4

Summary of Work-Related Injuries and Illnesses

U.S. Department of Labor 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 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 Cas	es	The same of	Section of the section of
Total number of deaths O(G)	Total number of cases with days away from work 4 (H)	Total number of cases with job transfer or restriction (I)	Total number of other recordable cases (J)
Number of Day	s		Park Marie
Total number of dayaway from work 64 (K)		tal number of days of transfer or restriction 501 (L)	
Injury and Illnes	ss Types		
Total number of (M)			
) Injuries	12	(4) Poisonings	_ 0
Skin disorders	0	(5) Hearing Loss(6) All other illness	
Respiratory condition	ns		

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 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.

Industry description (e.g., Manufacture of motor truck trailers) Psychiatric and Substance Abuse Hospitals Standard Industrial Classification (SIC), if known (e.g., SIC 3715) 8 0 6 3 OR North American Industrial Classification (NAICS), if known (e.g., 336212) 6 2 2 1 0 Employment Information (If you don't have these figures, see the Worksheet on back of this page to continue) Annual average number of employees 231 Standard Industrial Classification (NAICS), if known (e.g., 336212) Employment Information (If you don't have these figures, see the Worksheet on back of this page to continue) Sign here Chowingly falsifying this document may result in a fine. Certify that I have examined this document and that to the best of minowledge the entries are true, accurate, and complete.	Your establishment			283 UHS OF SPRING MOUNTAIN-SPRING MOUNTAIN TREATMENT CENTER		
Industry description (e.g., Manufacture of motor truck trailers) Psychiatric and Substance Abuse Hospitals Standard Industrial Classification (SIC), if known (e.g., SIC 3715) 8 0 6 3 OR North American Industrial Classification (NAICS), if known (e.g., 336212) 6 2 2 1 0 Employment Information (If you don't have these figures, see the Vorksheet on back of this page to continue) Sign here Chowingly falsifying this document may result in a fine. Certify that I have examined this document and that to the best of minowledge the entries are true, accurate, and complete.	Street	7000 W SPRING MOUNTAIN RD				
Standard Industrial Classification (SIC), if known (e.g., SIC 3715) 8 0 6 3 OR North American Industrial Classification (NAICS), if known (e.g., 336212) 6 2 2 1 0 Employment Information (If you don't have these figures, see the Worksheet on back of this page to continue) Annual average number of employees 231 Otal hours worked by all employees last year 521,760 Sign here Knowingly falsifying this document may result in a fine. Certify that I have examined this document and that to the best of my nowledge the entries are true, accurate, and complete.	City	LAS VEGAS		State NV	Zip <u>89117</u>	
Standard Industrial Classification (SIC), if known (e.g., SIC 3715) 8 0 6 3 OR North American Industrial Classification (NAICS), if known (e.g., 336212) 6 2 2 1 0 Employment Information (If you don't have these figures, see the Worksheet on back of this page to continue) Annual average number of employees 231 Otal hours worked by all employees last year 521,760 Sign here Knowingly falsifying this document may result in a fine. Certify that I have examined this document and that to the best of my nowledge the entries are true, accurate, and complete.	Industry	description (e.g., M	Aanufacture of mo	tor truck train	lers)	
North American Industrial Classification (NAICS), if known (e.g., 336212) 6 2 2 1 0 Employment Information (If you don't have these figures, see the Worksheet on back of this page to continue) Annual average number of employees 231 Sotal hours worked by all employees last year 521,760 Gign here Chowingly falsifying this document may result in a fine. Certify that I have examined this document and that to the best of minowledge the entries are true, accurate, and complete.		Psychiatric and Subs	stance Abuse Hosp	itals		
North American Industrial Classification (NAICS), if known (e.g., 336212) 6 2 2 1 0 Employment Information (If you don't have these figures, see the Worksheet on back of this page to continue) Annual average number of employees 231 Otal hours worked by all employees last year 521,760 Sign here Chowingly falsifying this document may result in a fine. Certify that I have examined this document and that to the best of minowledge the entries are true, accurate, and complete.	Standard	d Industrial Classific	cation (SIC), if kn	own (e.g., SIC	C 3715)	
North American Industrial Classification (NAICS), if known (e.g., 336212) 6 2 2 1 0 Employment Information (If you don't have these figures, see the Worksheet on back of this page to continue) Annual average number of employees 231 Total hours worked by all employees last year 521,760 Sign here Knowingly falsifying this document may result in a fine. certify that I have examined this document and that to the best of mynowledge the entries are true, accurate, and complete.		8 0 6	3			
Employment Information (If you don't have these figures, see the Worksheet on back of this page to continue) Annual average number of employees 231 Total hours worked by all employees last year 521,760 Sign here Knowingly falsifying this document may result in a fine. certify that I have examined this document and that to the best of my mowledge the entries are true, accurate, and complete.	DR					
Employment Information (If you don't have these figures, see the Worksheet on back of this page to continue) Annual average number of employees	North A	merican Industrial C	Classification (NA	ICS), if know	n (e.g., 336212)	
Sign here Knowingly falsifying this document may result in a fine. certify that I have examined this document and that to the best of my mowledge the entries are true, accurate, and complete.		6 2 2	_ 2 _ 1	0_		
Sign here Knowingly falsifying this document may result in a fine. certify that I have examined this document and that to the best of my nowledge the entries are true, accurate, and complete.	Empl Workshe	oyment Infor	mation(If you age to continue)	don't have th	ese figures, see the	
Sign here Knowingly falsifying this document may result in a fine. certify that I have examined this document and that to the best of my mowledge the entries are true, accurate, and complete.	Annual average number of en		mployees		231	
15 CED	Total ho	urs worked by all en	nployees last year	52	21,760	
certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.	Sign i	here				
cnowledge the entries are true, accurate, and complete.	Know	ingly falsifying	this docum	ent may re	esult in a fine.	
certify that I have examined this document and that to the best of my chowledge the entries are true, accurate, and complete.						
15 CED	certify	that I have exam	ined this docur	nent and tha	t to the best of my	
CEO		122	ride, accurate,	and comple	0 = -	
	ompany e	xecutive	>		CEO	
704 873-2400 / 13/					1 134 2	