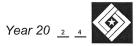
OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

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,



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.					Establishment Information
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."					906 VALLEY HEALTH SYSTEM LLC-SPRING
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.					Your establishment VALLEY FED Street 9217 SOUTH CIMARRON ROAD
Number of Case	es	建铁管体体			City <u>LAS VEGAS</u> State <u>NV</u> Zip <u>89178</u>
Total number of deaths	Total number of cases with days	Total number of cases with job	Total number of other recordable		Industry description (e.g., Manufacture of motor truck trailers)
0	away from work	transfer or restriction	cases		Freestanding Ambulatory Surgical and Emergency Centers
(G)	(H)	<u>(1)</u>	(J)		Standard Industrial Classification (SIC), if known (e.g., SIC 3715)
Number of Days	s				OR 1 1
Total number of days Total number of days of away from work Total number of days of job transfer or restriction					North American Industrial Classification (NAICS), if known (e.g., 336212)
242	* . <u></u>	38			6 2 1 4 9 3
(K) Injury and Illnes	ss Types	(L)		1	Employment Information(If you don't have these figures, see the Worksheet on back of this page to continue)
					Annual average number of employees15
Total number of (M)					Total hours worked by all employees last year 44,686
(1) Injuries	2	(4) Poisonings	0		Sign have
		(5) Hearing Loss	OSS 0		Sign here
(2) Skin disorders	0	(6) All other illnes	ses 0		Knowingly falsifying this document may result in a fine.
(3) Respiratory condition	ons	(-)			
					I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.
Post this Summary page from February 1 to April 30 of the year following the year covered by the form.					Movement of the composition of t
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					Company executive Title

NW, Washington, DC, 20210. Do not send the completed forms to this office.