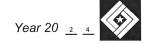
OSHA's Form 300A (Rev. 01/2004)



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.

Total number of deaths O(G)	Total number of cases with days away from work 9 (H)	Total number of cases with job transfer or restriction 11 (I)	Total number of other recordable cases $\frac{56}{\text{(J)}}$
Number of Da	ys		
Total number of d away from work 361 (K)		otal number of days of b transfer or restriction 317 (L)	
Injury and Ilin	ess Types		
Total number of (M)			
1) Injuries	75	(4) Poisonings	0
1) Hijuries		(5) Hearing Loss	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 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.

Your establishment	337 VALLEY HEALTH SYSTEM LLC-SPRING VALLEY HOSPITAL
Street 5400 SOUTH RAINE	BOW
City LAS VEGAS	State <u>NV</u> Zip <u>89134</u>
Industry description (e.g., M	fanufacture of motor truck trailers)
General Medical and	Surgical Hospitals
Standard Industrial Classific	cation (SIC), if known (e.g., SIC 3715)
North American Industrial (Classification (NAICS), if known (e.g., 336212)
6 2 2	<u> </u>
Employment Info Worksheet on back of this p	rmation (If you don't have these figures, see the age to continue)
Annual average number of	employees1,381
Total hours worked by all e	mployees last year 3,741,046
Sign here	
Knowingly falsifying	g this document may result in a fine.
	mined this document and that to the best of n
knowledge the entries a	are true, accurate, and complete.
[[[[]]]]]]]]	CEO CEO
Company executive	Title
102 85	5-5334 11291