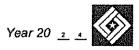
## OSHA's Form 300A (Rev. 01/2004)



Form approved OMB no. 1218-0176

U.S. Department of Labor

Occupational Salety and Health Administration

All establishments covered by Part 1904 must complete this Summary page, even if no work-related injuries or litnesses occurred during the year. Remember to review the Log to verify that the entries are complete and accurate before completing this summary.

Summary of Work-Related Injuries and Illnesses

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

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 recordisceping rule, for further details on the access provisions for these forms.

- Number of Case	ıs		
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
(G)	(H)	(l)	(j)
Number of Days			
Total number of day away from work		al number of days of transfer or restriction	
(K)		673 (L)	
injury and illnes	s Types	4.5	386
Total number of (M)			
(1) Injuries	38	(4) Poisonings	
(2) Skin disorders	1	(5) Hearing Loss	0
(3) Respiratory condition	)s	(6) All other illness	es <u>1</u>

## 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 e	stablishment	84030524-524001 ST, ROSE DOMINICAN HOSPITAL-SAN MARTIN
Street	8280 WEST WARM	I SPRINGS
City	LAS VEGAS	State #V Zip 89113-36
ludustry	description (e.g., A	Manufacture of mator truck trailers)
	General Medical and	d Surgical Hosoilals
Standard	l Industrial Classifi	ication (SIC), if known (e.g., SIC 3715)
OR		
North A	merican Industrial (	Classification (NAICS), if known (e.g., 336212)
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