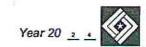
## OSHA's Form 300A (Rev. 01/2004)



## 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-refalled 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 record/coping rule, for further details on the access provisions for these forms.

| Number of Cas                        | ses                                                    |                                                                |                                                |
|--------------------------------------|--------------------------------------------------------|----------------------------------------------------------------|------------------------------------------------|
| Total number of deaths               | Total number of cases with days away from work  15 (H) | Total number of cases with job transfer or restriction  66 (1) | Total number of other recordable cases  55 (J) |
| Number of Day                        | ys .                                                   |                                                                |                                                |
| Total number of da<br>away from work |                                                        | tal number of days of<br>transfer or restriction               |                                                |
| 857<br>(K)                           | ,,,,,                                                  | 2591<br>(L)                                                    |                                                |
| Injury and Iline                     | ess Types                                              |                                                                |                                                |
| l'otal number of<br>(M)              |                                                        |                                                                |                                                |
| Injuries                             | 131                                                    | (4) Poisonings                                                 | _ 0                                            |
| Skin disorders                       |                                                        | (5) Hearing Loss                                               | _ 0                                            |
|                                      |                                                        | (6) All other illnes                                           | ses1                                           |
| Respiratory conditi                  | ons                                                    |                                                                |                                                |

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

| Your establishmen        | HOSPITAL-SIENA                                                                             |
|--------------------------|--------------------------------------------------------------------------------------------|
|                          | 1)                                                                                         |
| Street 3001 ST. ROS      | E PARKWAY                                                                                  |
| City HENDERSON           | State NV Zip 89052-3819                                                                    |
| Industry description (e  | g, klanufacture of motor truck trailers)                                                   |
| General Medic            | al and Sergical Hospitals                                                                  |
| Standard Industrial Cla  | nssification (SIC), if known (e.g., SIC 3715)                                              |
| OR                       | 3 <del>111</del> 3                                                                         |
| North American Indus     | trial Classification (NAICS), if known (e.g., 336212)                                      |
| _62                      | _2 _1 _1 _0                                                                                |
| Employment l             | oformation of                                                                              |
| ll'orksheet on back of t | nformation()f you don't have these figures, see the this page to continue)                 |
| Annual average number    | er of employees                                                                            |
| Total hours worked by    | all employees last year 4,042,649                                                          |
| Sign here                |                                                                                            |
| Knowingly falsi          | fying this document may result in a fine.                                                  |
|                          |                                                                                            |
|                          | examined this document and that to the best of my<br>ies are true, accurate, and complete. |
| KIJOI,                   | Mr. Product oca                                                                            |
|                          |                                                                                            |