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

## Summary of Work-Related Injuries and Illnesses



Form approved OMB no 1218-0176

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

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 entirely. They also have limited access to the OSHA Form 301 or its equivalent. See 29 CFR 1904.35, in OSHA's Recordkeeping rule, for further details on the access provisions for these forms.

| Number of Cases                      |  |  |  |
|--------------------------------------|--|--|--|
| Total number of deaths               | Total number of<br>cases with days<br>away from work | Total number of cases with job transfer or restriction | Total number of other recordable cases |
| 0                                    | 0  | 0  | 0                                      |
| (G)                                  | (H)  | (1)  | (J)                                    |
| Number of Days                       |  |  |  |
| Total number of days away from work  |  | Total number of days of job transfer or restriction    |  |
| 0                                    |  | 0  |  |
| (K)                                  | _  | (L)  | Mana .                                 |
| injury and liiness 1                 | Types  |  |  |
| Total number of                      |  |  |  |
| (1) Injury                           | 0  | (4) Poisoning  | 0                                      |
| (2) Skin Disorder<br>(3) Respiratory | 0  | (5) Hearing Loss                                       | 0                                      |
| Condition                            | 0  | (6) All Other Illnesses                                | 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 58 minutes per response, including time to review the instruction, 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 as currently valid OMB control number. If you have are nor comments about these estimates or any aspects of this data collection, contact: US Department of Labor, OSHA Office of Statistics, Room N-3644, 200 Constitution Ave, NW, Washington, DC 20210. Do not send the completed forms to this office.

| stabl | lishment information                          | on                      |  |                               |                             |
|-------|---|-------------------------|--|-------------------------------|-----------------------------|
| Yo    | our establishment name                        | Sunset Pain Surg        | gery Center dba Canyo  | n Ridge Surgery Center        |                             |
| Sti   | treet 5852 S. Durango                         | Dr., Unit 100           |  |                               |                             |
| Cit   | ity Las Vegas                                 |                         | State  | NV                            | Zip 89113                   |
| Inc   | dustry description (e.g.,<br>Ambulatory Surge |                         | r truck trailers)  |                               |                             |
| Sta   | tandard Industrial Classi                     | fication (SIC), if know | n (e.g., SIC 3715)   |                               |                             |
| R No  | orth American Industrial                      | Classification (NAICS   | 5), if known (e.g., 3362   | 12)                           |                             |
|       |   |                         | <del></del>  |                               |                             |
| mplo  | yment information                             | i                       |  |                               |                             |
|       |   |                         |  |                               |                             |
| An    | nnual average number of                       | employees               | 15   |                               |                             |
| То    | otal hours worked by all e                    | employees last year     | 12,665.50  |                               |                             |
|       |   |                         |  |                               |                             |
| ign h | nere  |                         |  |                               |                             |
| Kr    | nowingly falsifying this                      | s document may res      | ult in a fine.   |                               |                             |
|       |   |                         |  |                               |                             |
| lc    | certify that I have examin                    | ed this document and    | i that to the best of my   | knowledge the entries are tru | ue, accurate, and complete. |
|       |   |                         | *  | · ·                           |                             |
|       | Company                                       | executive               | and the same of th |                               | Administrate                |
|       | 702-66  | C-8282                  |  |                               | 8/14/2024                   |