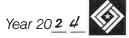
## OSHA's Form 300A (Rev. 01/2004)



U.S. Department of Labor
Occupational Safety and Health Administration

Establishment information

Your establishment name SUNSET SURGERY CENTER LLC

AMBULATORY SURGERY CENTER

North American Industrial Classification (NAICS), if known (e.g., 336212)

Employment information (If you don't have these figures, see the

Knowingly falsifying this document may result in a fine.

knowledge the entries are true, accurate, and complete.

I certify that I have examined this document and that to the best of my

State NV ZIP 89148

9120 W. RUSSELL RO# 100

Industry description (e.g., Manufacture of motor truck trailers)

Worksheet on the back of this page to estimate.)

Annual average number of employees

Standard Industrial Classification (SIC), if known (e.g., 3715)

Form approved OMB no. 1218-0176

## **Summary of Work-Related Injuries and Illnesses**

All establishments covered by Part 1404 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.

Number of C	ases			
Total number of deaths  (G)	Total number of cases with days away from work  O  (H)	Total number of cases with job transfer or restriction  (I)	Total number of other recordable cases  (J)	39
Number of L	Days			
Total number of d from work		otal number of days of job nnsfer or restriction	9	*
(K)	_	(L)		ž
Injury and I	liness <b>T</b> ypes			
Total number of (M) Injuries		(4) Poisonings	$\frac{\mathcal{O}}{\mathcal{O}}$	
	0	(5) Hearing loss (6) All other illnesse	\$ <del>0</del>	

Public reporting burden for this collection of information is estimated to average 58 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.