

Summary of Work-Related Injuries and Illnesses

Year 20 23



File ID: 2023

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

OSHA Form 300A (Rev. 01/2004)

Facility: OSHA INCH FALL JACOBI VILLAGE EMPLOYEES, INCH VILLAGE, NY #9451 WASHDC

This form must be completed by employers for each job establishment covered by this form during the year. It must be filled out for the full year, even if the employer has only one employee, or if the employer has no employees during the year. It must be filled out for the full year, even if the employer has only one employee, or if the employer has no employees during the year. It must be filled out for the full year, even if the employer has only one employee, or if the employer has no employees during the year.

Number of Cases

Number of cases with days away from work	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0

Number of Days

Total number of days of job transfer or restriction
0

Injury and Illness Types

0	(4) Poisonings	0
0	(5) Hearing loss	0
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.

Establishment information

Your establishment name TAIPE FOREST HOSPITAL DISTRICT
 Street 10121 PINC AVE
 City TRUCKEE State CA ZIP 96160

Industry description (e.g., *Manufacture of motor truck trailers*)
ACUTE CARE HOSPITAL

Standard Industrial Classification (SIC), 4-Digit (e.g., 4213)

North American Industry Classification (NAICS), 4-Digit (e.g., 8011)

Employment information

Annual average number of employees _____
 Total hours worked by all employees last year _____

Sign here
 Knowingly falsifying this document may result in a fine

I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

[Signature]
530-582-6279
01/29/24

Summary of Work-Related Injuries and Illnesses

Year 20 **23**



Form ID: 2023
U.S. Department of Labor
 Occupational Safety and Health Administration
 Form approved OMB no. 1218-0125

REGISTRATION NUMBER: 1255224 10:39:00 AM

Facility: INCL CLINC 855 TAHGE BLVD, INCLINE VILLAGE, NV 89451 WASHOE

Instructions: Complete this form on page 1 of this page with a service provider, safety officer, or person responsible for the job. Remember to include all cases, including those with days away from work, job transfer or restriction, or other recordable cases. Do not include non-work-related cases, such as those caused by drug or alcohol use, or those caused by intentional self-harm. Do not include cases that are not work-related. Do not include cases that are not recordable. Do not include cases that are not reportable. Do not include cases that are not compensable. Do not include cases that are not covered by the Act. Do not include cases that are not covered by the Act. Do not include cases that are not covered by the Act. Do not include cases that are not covered by the Act.

Number of Cases

Total number of cases	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(A)	(B)	(C)	(D)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(E)	(F)

Injury and Illness Types

Total number of cases	(4) Poisonings	(5) Hearing loss	(6) All other illnesses
0	0	0	0
(G)	(H)	(I)	(J)

Post this Summary page from February 1 to April 30 of the year following the year covered by the form.

Establishment information

Your establishment name: TAHOE FOREST HOSPITAL (DISTRICT)
 Street: 10121 PINL AVE
 City: TRUCKEE State: CA ZIP: 96160

Industry description (e.g., Manufacturing of metal machinery):
ACUTE CARE HOSPITAL

Standard Industrial Classification (SIC) of business (e.g., 4212):


North American Industrial Classification (NAICS) of business (e.g., 236220):

Employment information

(If you don't have these figures, use the best estimate.)

Annual average number of employees: _____
 Total hours worked by all employees last year: _____

Sign here
 Knowingly falsifying this document may result in a fine.

I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

 Date: 5/30/24 582-6279 01/29/24

Summary of Work-Related Injuries and Illnesses

Year 20 23



Form ID: 2023

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

Part of a system of forms used to report work-related injuries and illnesses

Employer: WOODS, WYAM

Facility: 704 N 590 AVE, INDIAN VILLAGE, NV 89452 WASHINGTON

This form is to be filled out by the employer and filed by Summary OSHA employees with OSHA's regional office within 30 days of the year. Remember to review the OSHA website for updates to this form. Do not check any boxes unless you are sure you have completed the information required for that box.

Remember to check the appropriate box for each category. Do not check any boxes unless you are sure you have completed the information required for that box.

Remember to check the appropriate box for each category. Do not check any boxes unless you are sure you have completed the information required for that box.

Number of Cases

OSHA Injury and Illness Category	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
(a) Total	<u>0</u>	<u>0</u>	<u>1</u>
(b) Total	(0)	(0)	(1)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
<u>0</u>	<u>0</u>
(0)	(0)

Injury and Illness Types

(a) Falls	<u>1</u>	(4) Poisoning	<u>0</u>
(b) Struck by or against objects	<u>0</u>	(5) Hearing loss	<u>0</u>
(c) Caught in or between objects	<u>0</u>	(6) All other illnesses	<u>0</u>

Post this Summary page from February 1 to April 30 of the year following the year covered by the form.

Establishment information

Your establishment name: LAKE FOREST HOSPITAL DISTRICT

Street: 10121 PINE AVE

City: TRUCKEE State: CA ZIP: 96160

Industry description (e.g., *Manufacture of wood truck trailers*):
ACUTE CARE HOSPITAL

Standard Industrial Classification (SIC) or Census (e.g., 4712):

OR

North American Industrial Classification (NAICS), if known (e.g., 536212):

Employment information

(If you do not have this information, check the "Not known" box at the end of the page to estimate.)

Annual average number of employees: _____

Total hours worked by all employees last year: _____

Sign here
Knowingly falsifying this document may result in a fine.

I certify that I have completed this document and that to the best of my knowledge the contents are true, accurate, and complete.

[Signature] CMRO

530-982-6279 01/24/24

Summary of Work-Related Injuries and Illnesses

Year 20²³



Form ID: 2023

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

https://www.osha-slc.gov/OSHA-300A-2023

FACILITY: TRUCKEE/BIOWEST, 854 ALDEN AVE, ROUTE 203, INCLINE VILLAGE, NV 89411 WASHOE

OSHA Form 300A (Rev. 01/2003)

This form is to be completed by the employer for each establishment. The Summary page must show work-related number of injuries and illnesses occurring during the year. Recordable injuries and illnesses are those that require medical attention, loss of consciousness, restriction of work or motion, transfer to another job assignment, or death. Do not include non-occupational injuries and illnesses. Do not include non-occupational injuries and illnesses that are not work-related.

Recordable injuries and illnesses are those that require medical attention, loss of consciousness, restriction of work or motion, transfer to another job assignment, or death. Do not include non-occupational injuries and illnesses. Do not include non-occupational injuries and illnesses that are not work-related.

Employers with 100 or more employees must file this form with the nearest OSHA office. They also have an on-line access to the OSHA Form 300A at https://www.osha-slc.gov/OSHA-300A-2023 for OSHA's recordkeeping rule. For a full list of recordable injuries and illnesses, see 29 CFR 1904.2(b)(7).

Number of Cases

Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0
(a)	(b)

Number of Days

Total number of days of job transfer or restriction	Total number of days of other recordable cases
0	0
(c)	(d)

Injury and Illness Types

Total number of cases	Total number of days
0	0
0	0
0	0
0	0
0	0
0	0

Post this Summary page from February 1 to April 30 of the year following the year covered by the form.

OSHA Form 300A (Rev. 01/2003) is a mandatory form for employers with 100 or more employees. It is used to report work-related injuries and illnesses that require medical attention, loss of consciousness, restriction of work or motion, transfer to another job assignment, or death. Do not include non-occupational injuries and illnesses. Do not include non-occupational injuries and illnesses that are not work-related. For a full list of recordable injuries and illnesses, see 29 CFR 1904.2(b)(7).

Establishment Information

Your establishment name: TAHOE FOREST HOSPITAL DISTRICT

Street: 10121 PINE AVE

City: TRUCKEE State: CA ZIP: 96160

Industry description (e.g., Manufacturing of motor vehicles):
ACUTE CARE HOSPITAL

Standard Industrial Classification (SIC) of business (e.g., 80110):

NAICS:

North American Industrial Classification (NAICS) of business (e.g., 80110):

Employment information

(If you do not know these figures, see the instructions on the back of this page for more info.)

Average number of employees: _____

Total hours worked by all employees last year: _____

Sign here

Knowingly falsifying this document may result in a fine.

I certify that I have examined this document and that to the best of my knowledge the data is true, accurate, and complete.

[Signature]
530-782-6279
Date: 01/29/24

CHRO
Date: 01/29/24

Summary of Work-Related Injuries and Illnesses

Year 20 23



Form ID: 300A-2023

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

Form 300A-2023 (Rev. 12/04/23)

How to use this page: See page 1.

This page is to be completed by the employer for each calendar year. It is to be filled out for each establishment (see page 1) for which the employer is required to keep records of work-related injuries and illnesses. It is to be filled out for each calendar year for which the employer is required to keep records of work-related injuries and illnesses. The employer should keep a copy of this page for each establishment for which it is required to keep records of work-related injuries and illnesses.

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Factory: THRETT W 321 TARDU BLVD INCLINE VILLAGE NV 89451 WASHOE

Establishment information

Your establishment name TAHOLE FOREST HOSPITAL DISTRICT

Street 10121 PINE AVE

City TRUCKEE State CA ZIP 96160

Industry description (e.g., Manufacturing with work orders)

ACUTE CARE HOSPITAL

Standard Industrial Classification (SIC), if known (e.g., 8000)

OR:

North American Industrial Classification (NAICS), if known (e.g., 80212)

Employment information (If you do not have this information, check the box on the back of this page to indicate.)

Annual average number of employees _____

Total hours worked by all employees (in years) _____

Sign here

Knowingly falsifying this document may result in a fine.

I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

[Signature] CMRO
530-582-6279 01/29/24

Number of Cases

Total number of cases with job transfer or restriction	Total number of cases with job transfer or restriction	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(a)	(b)	(c)	(d)

Number of Days

Total number of days of job transfer or restriction
0
(e)

Injury and Illness Types

(1) Falls	0	(4) Poisonings	0
(2) Struck by or against objects	0	(5) Hearing loss	0
(3) Transportation incidents	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.

This form is required to be maintained for each establishment for which the employer is required to keep records of work-related injuries and illnesses. The employer should keep a copy of this page for each establishment for which it is required to keep records of work-related injuries and illnesses. The employer should keep a copy of this page for each establishment for which it is required to keep records of work-related injuries and illnesses.