

Summary of Work-Related Injuries and Illnesses

Year 20²²



Form ID: 2022

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

Form approved OMB no. 1218-0156

Report created: 1/24/2023 9:56:32 PM

Facility: COVID INCL 1 ALL INCLINE VILLAGE EMPLOYEES, INCLINE VILLAGE NV 88451 WASHOE

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

Using the Log, count all 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, per 29 CFR Part 1904.35, at OSHA's recordkeeping site, for further details on the access provisions for these forms.

Number of Cases

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
<u>0</u> (G)	<u>0</u> (H)	<u>0</u> (I)	<u>0</u> (J)

Number of Days

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

Injury and Illness Types

Total number of (M)	
(1) Injuries	<u>0</u>
(2) Skin disorders	<u>0</u>
(3) Respiratory conditions	<u>0</u>
(4) Poisonings	<u>0</u>
(5) Hearing loss	<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.

Public reporting burden for this collection of information is estimated to average 20 minutes per response, including time to review the instructions, search existing data sources, 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 this estimate of burden, including suggestions for reducing this burden, write to Washington, DC 20543-0142. Send the completed form to this office.

Establishment information

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

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

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

OR

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

Employment information (If you don't have these figures, see the *WorkSheet* on the back of this 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 examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Company executive: _____ Title: _____

Date: _____

Ac 1/30/23

Summary of Work-Related Injuries and Illnesses

Year 20 22



Form ID: 3022

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

Form approved OSHA no. 1218-015h

Revision date: 1/20/04 8:32:54 AM

Establishments covered by Part 1904 must complete this Summary page year after year for work-related injuries and illnesses reported during the year. Remember to review the Log to verify that the entries are complete and accurate before completing this summary.

List each injury or illness on a separate line (do not make "other" categories). Then write the totals below, making sure you've added the entries from every page of the Log. If you have multiple pages, write "N/A".

Employees, former employees, and their representatives have the right to review this OSHA Form 300 in its entirety. They also have limited access to the OSHA Form 301 or 302 and the OSHA 300-A. OSHA's recordkeeping rules include details on the access procedures to OSHA Form 300.

Facility INCL CLINIC 865 TAHOE BLVD, INCLINE VILLAGE, NV 89451 WASHOE

Establishment information

Your establishment name TAHOE FOREST HOSPITAL DISTRICT

Street 10121 PINE AVE

City TRUCKEE State CA ZIP 96160

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

Standard Industrial Classification (SIC), if known (e.g., 4713)

OR

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

Employment information (If you don't have these figures, see the Worksheet on the back of this 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 examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Title _____

Number of Cases

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
<u>0</u> (G)	<u>0</u> (H)	<u>0</u> (I)	<u>0</u> (J)

Number of Days

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

Injury and Illness Types

Total number of (M)			
(1) Injuries	<u>0</u>	(4) Poisonings	<u>0</u>
(2) Skin disorders	<u>0</u>	(5) Hearing loss	<u>0</u>
(3) Respiratory conditions	<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.

When reporting to OSHA, this establishment must estimate the average 90 minutes per employee, including time to review the instructions, search and gather the data needed, and complete a summary of the information. The summary is not a part of the record or a collection of information unless it displays a unique OSHA control number. It is not a report and does not constitute an official report of this or any other OSHA office. U.S. Department of Labor, OSHA Office of Statistical Analysis, Room N-3054, 200 Constitution Avenue, NW, Washington, DC 20210. Do not send the completed forms to this office.

Se = 1/30/23

Summary of Work-Related Injuries and Illnesses

Year 20 22



Form ID: 2022

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

Form approved OMB no. 1218-0156

Facility: (VCH) 820 ALDER, INCLINE VIL, AGE, NV 89452 WASHOE

Available on OSHA-OSHA 3500 AV

All establishments covered by Part 1904 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, assign the individual entries you track to each category. Then write the totals below, making sure you've added the entries from every page of the Log. If you need help, see the "How to Use" section.

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 300 if its equivalent, then the CFR Part 1904. Use OSHA's recordkeeping rule, for further details on the access provisions for these forms.

Number of Cases

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
<u>0</u> (G)	<u>0</u> (H)	<u>0</u> (I)	<u>0</u> (J)

Number of Days

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

Injury and Illness Types

Total number of (M)	(N)	(O)	(P)
<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
(a) Injuries	(c) Poisonings	(e) Hearing loss	(g) All other illnesses
<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
(b) Skin disorders	(d) Respiratory conditions		
<u>0</u>	<u>0</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 30 minutes per response, including time to review the instructions, search and gather the data needed, and the review and revision of 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 on this burden estimate or any other aspect of this data collection, contact the U.S. Department of Labor, OSHA Office of Statistical Analysis, Room N-3614, 209 Constitution Avenue, NW, Washington, DC 20030. Do not send the completed forms to this office.

Establishment information

Your establishment name TANCO FOREST HOSPITAL DISTRICT

Street 10121 PINE AVE

City TRUCKEE State CA ZIP 96160

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

Standard Industrial Classification (SIC), if known (e.g., 4713)

OR

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

Employment information (If you don't have these figures, see the Worksheet on the back of this 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 examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Signature

Title

AC 1/23

Summary of Work-Related Injuries and Illnesses

Year 2022



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

Report date: 02/23/23 10:11 AM

Facility: INLAKESIDE 666 ALDER AVE SUITE 200, INCLINE VILLAGE, NV 89451 WASHOE

Form approved OMB no. 1218-0170

All establishments covered by Part 1904 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 number of 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 this 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 Cases

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
0 (G)	0 (H)	0 (I)	0 (J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0 (K)	0 (L)

Injury and Illness Types

Total number of (M)	
(1) Injuries	0
(2) Skin disorders	0
(3) Respiratory conditions	0
(4) Poisonings	0
(5) Hearing loss	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.

Under the joint burden for this collection of information is estimated to average 30 minutes per response, including time to review the instructions, search and gather the data needed, and to input and review the collection of information. Responses 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 the estimates or any other aspect of this data collection, contact the US Department of Labor, OSHA Office of Statistical Analysis, Room N-3601, 200 Constitution Avenue, NW, Washington, DC 20512. Do not send the completed forms to this office.

Establishment information

Your establishment name: TAHOE FOREST HOSPITAL DISTRICT

Street: 10121 PINE AVE

City: TRUCKEE State: CA ZIP: 96180

Industry description (e.g., Manufacture of motor track trailers): ACUTE CARE HOSPITAL

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

OR:

North American Industrial Classification (NAICS), if known (e.g., 36212):

Employment information (If you don't have these figures, see the Worksheet on the back of this 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 examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Company executive: _____ Title: _____

Print: _____ Title: _____

Alex 1/30/23

Summary of Work-Related Injuries and Illnesses

Year 20 22



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

Form ID: 3022

Form approved OMB no. 1218-0175

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

OSHA's Form 300A (Rev. 01/2004) must be completed for all establishments that have one or more employees 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 included 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 300 at its equivalent. See 29 CFR Part 1904.36, 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 cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
<u>0</u> (G)	<u>0</u> (H)	<u>0</u> (I)	<u>0</u> (J)

Number of Days

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

Injury and Illness Types

Total number of (3) Injuries	<u>0</u>	(4) Poisonings	<u>0</u>
(7) Skin disorders	<u>0</u>	(5) Hearing loss	<u>0</u>
(8) Respiratory conditions	<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.

Public reporting burden for this collection of information is estimated to average 30 minutes per response, including time to review the instructions, search existing data sources, gather the data needed, and complete and review the collection of information. Send comments regarding this burden estimate or any aspect of this collection of information, including suggestions for reducing the burden, to Washington Headquarters Service, Paperwork Project (0122-0042), U.S. Department of Labor, OSHA, Office of Statistical Analysis, Room N-2614, 200 Constitution Avenue, NW, Washington, DC 20210. Do not send the completed forms to this office.

Facility: THREE IV, 610 TAHOE BLVD, INCIANT VILLAGE, NV 89451 WAG-05

Establishment information

Your establishment name TAHOE FOREST HOSPITAL DISTRICT

Street 10121 PINE AVE

City TRUCKEE State CA ZIP 96160

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

ACUTE CARE HOSPITAL

Standard Industrial Classification (SIC), if known (e.g., 1713)

OR

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

Employment information (If you don't have these figures, see the Worksheet on the back of this 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 examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

DATE

TITLE

 1/30/23