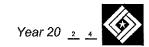
## OSHA's Form 300A (Rev. 01/2004)



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

Form approved OMB no. 1218-0176

## Summary of Work-Related Injuries and Illnesses

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 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 Case                                      | es  |  |   |
|---|---|--|---|
| Total number of deaths  o (G)  Number of Day        | Total number of cases with days away from work  1 (H) | Total number of cases with job transfer or restriction  8 (I)  | Total number of other recordable cases  (J) |
| Total number of day<br>away from work<br>180<br>(K) | job<br>—  | tal number of days of<br>transfer or restriction<br>418<br>(L) |   |
| Total number of (M)                                 |   |  |   |
| I) Injuries   | 15  | (4) Poisonings   | 0   |
| 2) Skin disorders<br>3) Respiratory condition       |   | (5) Hearing Loss (6) All other illnes                          | <br>sses                                    |

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

| Your e  | stablishment           |                        | ALTH SYSTEM LLC-VALLEY<br>ERY AND REHAB HOSPITAL |    |
|---------|------------------------|------------------------|--|----|
| Street  | 8656 WEST PATRI        | ICK LANE               |  |    |
| City    | LAS VEGAS              | Sta                    | ate <u>NV</u> Zip <u>89148</u>                   |    |
| Industr | y description (e.g., a | Manufacture of moto    | or truck trailers)                               |    |
|         | General Medical an     | nd Surgical Hospitals  |  |    |
| Standa  | d Industrial Classif   | ication (SIC), if know | wn (e.g., SIC 3715)                              |    |
| OR      | 8 0                    | 6 2                    |  |    |
| North / | American Industrial    | Classification (NAIC   | CS), if known (e.g., 336212)                     |    |
|         | 6 2                    | 2 1 1                  | 0_   |    |
|         | loyment Info           |                        | don't have these figures, see the                |    |
| Annua   | average number of      | Cemployees             | 315  |    |
| Total h | ours worked by all     | employees last year    | 710,347  |    |
| Sign    | here                   |                        |  |    |
| Kno     | vingly falsifyi        | ng this docume         | ent may result in a find                         | e. |
|         |                        |                        | ment and that to the best of                     | my |
|         |                        | are true accurate.     | , and complete.                                  |    |
|         | ledge the entries      | rla o lle              | C\$7   |    |