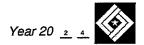
OSHA's Form 300A (Rev. 01/2004)



Summary of Work-Related Injuries and Illnesses

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

Form approved OMB no. 1218-0176

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	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases	
(G)	(H)	(1)	(J)	
Number of Days	5			
Total number of day away from work		al number of days of transfer or restriction		
(K)		(L)		
Injury and Illnes	ss Types			
Total number of (M)				
) Injuries	<u> </u>	(4) Poisonings	0	
2) Skin disorders	ń	(5) Hearing Loss	0	
3) Respiratory condition		(6) All other illness	:ès <u>o</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 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	establishment	894 VALLEY HEALTH SYSTEM LLC-ER AT DESERT SPRINGS	
Street	2075 EAST FLAMIN	NGO	
City	LAS VEGAS	State NV Zip 89119	
Industr	y description (e.g., l	Manufacture of motor truck trailers)	
	Freestanding Ambu	ulatory Surgical and Emergency Centers	
Standar	d Industrial Classifi	fication (SIC), if known (e.g., SIC 3715)	
OR	8 0 1	1 1	
North A	American Industrial	Classification (NAICS), if known (e.g., 336212)	
	6 2 1	1 4 9 3	
	loyment info seet on back of this p	ormation(if you don't have these figures, see the page to continue)	
Annual	average number of	employees27	
Total h	ours worked by all c	employees last year 78,274	
Sign	here		
Knov	vingly falsifyin	ng this document may result in a fine.	
		amined this document and that to the best of my	
12	y countre	are true, accurate, and complete.	_
		11012 1106	