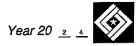
OSHA's Form 300A (Rev. 01/2004)

to verify that the entries are complete and accurate before completing this summary.



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

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 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 Cases Total number of Total number of Total number of Total number of other recordable deaths cases with days cases with job away from work transfer or restriction cases (H) Number of Days Total number of days of Total number of days iob transfer or restriction away from work Injury and Illness Types Total number of... (M) (4) Poisonings (1) Injuries (5) Hearing Loss (2) Skin disorders (6) All other illnesses (3) Respiratory conditions

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	842 VALLEY HEALTH SYSTEM LLC-ELITE MEDICAL CENTER	
Street	150 EAST HARMO	ON AVENUE	
City	LAS VEGAS	State NV Zip 89109	
Industr	y description (e.g., i	Manufacture of motor truck trailers)	
	Freestanding Ambu	ulatory Surgical and Emergency Centers	
Standar	d Industrial Classif	Scation (SIC), if known (e.g., SIC 3715)	
OR	8 0	1 1	
North A	American Industrial	Classification (NAICS), if known (e.g., 336212)	
	<u>8 2 </u>	1 4 9 3	
	loyment Info	OFMATION(If you don't have these figures, see the page to continue)	
Annual	average number of	f employees22	
Total h	ours worked by all e	employees last year65,019	
Sign	here		
Knov	vingly falsifyir	ng this document may result in a fine.	
		amined this document and that to the best of my are true, accurate, and complete.	
2	vaccurive	EO	_