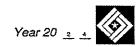
## OSHA's Form 300A (Rev. 01/2004)



## 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.

Total number of deaths	Total number of cases with days away from work	cases with job	Total number of other recordable cases	
(G)	(H)		1 (J)	
Number of Days	3			
Total number of day away from work  o (K)		tal number of days of transfer or restriction (L)		
injury and illnes	ss Types			
Total number of (M)				
1) Injuries	_1_	(4) Poisonings	0	
2) Skin disorders	0	(5) Hearing Loss		
	BS o	(6) All other illnesse	s <u> </u>	

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 an 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.

		841 WEST HENDERSON HOSPITAL MEDICAL
Your e	establishment	CTR, LLC-WEST HENDERSON HOSPITAL
Street	1155 RAIDERS WAY	
Succi		
City	HENDERSON	State NV Zip 89082
Industr	y description (e.g., Ma	anufacture of motor truck trailers)
	General Medi	ical and Surgical Hospital
Stunda	rd Industrial Classifica	ation (SIC), if known (e.g., SIC 3715)
	8 0 6	2
OR		
North A	American Industrial Cl	lassification (NAICS), if known (e.g., 336212)
	6 2 2	1 1 0
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