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

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	Total number of cases with job transfer or restriction	Total number of other recordable cases
(G)	(H)	(1)	(J)
N umber of Day	/s		
Total number of da away from work		otal number of days of b transfer or restriction	
Injury and Illne	ss Types		
otal number of (M)			
njuries	5	(4) Poisonings	0
Skin disorders		(5) Hearing Loss	0
Skiri disorders Respiratory condition		(6) All other illnesse	es <u>o</u>

vered 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 establishment	607 WILLOW SPRINGS, LLC-WILLOW SPRINGS CENTER
Street 690 EDISON WAY	
City RENO	State NV Zip 89502
Industry description (e.g., M	lanufacture of motor truck trailers)
Residential Mental H	ealth and Substance Abuse Facilities
Standard Industrial Classific	ation (SIC), if known (e.g., SIC 3715)
_ <u>836</u>	_ 1_
North American Industrial C	lassification (NAICS), if known (e.g., 336212)
6 2 3	_ 2 _ 2 _ 0
Employment Infor Worksheet on back of this pa	mation (If you don't have these figures, see the ge to continue)
Annual average number of e	mployees158
Total hours worked by all em	iployees last year 338,352
Sign here	
Knowingly falsifying	this document may result in a fine.
certify that have exam	ined this document and that to the best of my
nowledge the entries are	e true, acturate, and complete.
ompany executive	Title