OSHA's Form 300A (Rev. 01/2004)
Summary of Work-Related Injuries and Illnesses

All establishments covered by Part 1904 must complete this Summary page, even if no injuries or illnesses occurred during the year. Remember to review the Log to verify that the entries are complete.

Using the Log, count the individual entries you made for each category. Then write the totals below, making sure you’ve entered the entries from every page of the log. If you had no cases write “0.”

Employers, their employees, and their representatives have the right to review the OSHA Form 300A in its entirety. They also have limited access to the OSHA Form 301 or its equivalent. See 29 CFR 1904.25, in OSHA’s Recordkeeping rule, for further details on the access provisions for these forms.

<table>
<thead>
<tr>
<th>Number of cases</th>
<th>Total number of cases with days away from work</th>
<th>Total number of cases with job transfer or restriction</th>
<th>Total number of other recordable cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total number of deaths</td>
<td>0</td>
<td>20</td>
<td>967</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Number of days away</th>
<th>Total number of days away from work</th>
<th>Total number of days of job transfer or restriction</th>
</tr>
</thead>
<tbody>
<tr>
<td>3,974</td>
<td>1,593</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Injury and Illness types</th>
<th>Total number of</th>
<th>(M)</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) Injury</td>
<td>1,097</td>
<td>(4) Poisoning</td>
</tr>
<tr>
<td>(2) Skin Disorder</td>
<td>3</td>
<td>(5) Hearing Loss</td>
</tr>
<tr>
<td>(3) Respiratory Condition</td>
<td>25</td>
<td>(6) All Other Illnesses</td>
</tr>
</tbody>
</table>

Post this Summary page from February 1 to April 30 of the year following the year covered by the form.

Publication burden for this collection of information is estimated to average 50 minutes per response, including time to review the instruction, 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 estimations or any aspects of the data collection, contact: U.S. Department of Labor, OSHA Office of Standards, Room N-3544, 200 Constitution Ave, NW, Washington, DC 20210. Do not send the completed forms to this office.

Establishment Information

Your establishment name: University of Washington
Street: 1914 Edmond Hall
City: Seattle
State: Washington
Zip: 98195

Industry description (e.g., Manufacturing, motor truck trailers)
Higher Education

Standard Industrial Classification (SIC), if known (e.g., 39715)

Employment Information

Annual average number of employees: 52,557
Total hours worked by all employees last year: 927,687,359

Sign here

Knowingly falsifying this document may result in a fine.

I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

[Signature]
Senior Vice President
105
206-543-8760

For more information contact OSHA, Donnie Seckin at 206-221-4247