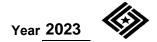
# OSHA's Form 300A (Rev. 01/2004) Summary of Work-Related Injuries and Illnesses



#### 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 injuries or illnesses occurred during the year. Remember to review the Log to verify that the entries are complete and

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 1904.35, in OSHA's Recordkeeping rule, for further details on the access provisions for these forms.

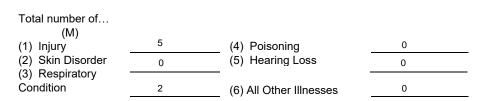
## **Number of Cases**

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
0	3	0	4
(G)	(H)	(I)	(J)

# Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
27	0
(K)	(L)

# **Injury and Illness Types**



### 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 58 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 estimates or any aspects of this data collection, contact: US Department of Labor, OSHA Office of Statistics, Room N-3644, 200 Constitution Ave, NW, Washington, DC 20210. Do not send the completed forms to this office.

Establishment information					
Your	establishment name University of V	Vashington,	Airlift Northwe	est	
Stree	t 6501 Perimeter Road S				
City	Seattle	State	WA	Zip 98108	
Indus	try description (e.g., Manufacture of mo Ambulance Services	tor truck trai	lers)		
Stand DR	lard Industrial Classification (SIC), if kno	own (e.g., Sl	IC 3715)		
	American Industrial Classification (NAI 621910	CS), if know	/n (e.g., 336212	2)	
mployn	ent information				
Annua	l average number of employees	150			
Total hours worked by all employees last year		239,009			
ign her	9				
Know	ringly falsifying this document may re	esult in a fir	ne.		
l certi comp		and that to th	ne best of my k	nowledge the entries are true, accurate, and	
mpay or Owper				Chief of Staff, Office of the President	
	Margaret A. Shepherd			Title	
	206-543-7262 (EH&S)		January 25, 2024		
	Phone		Date		