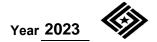
# OSHA's Form 300A (Rev. 01/2004) Summary of Work-Related Injuries and Illnesses



Form approved OMB no. 1218-0176

#### U.S. Department of Labor Occupational Safety and Health Administration

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**

deaths cases with days		Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

# Number of Days

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

## **Injury and Illness Types**

Total number of… (M)			
(1) Injury	0	(4) Poisoning	0
(2) Skin Disorder	0	(5) Hearing Loss	0
(3) Respiratory Condition	0	(6) All Other Illnesses	0

#### 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.

Esta	ablishr	nent information						
	Your es	stablishment name University of W	/ashington,	Oregon				
	Street 33395 Cape Kiwanda Drive							
	City	Pacific City	State	Oregon		Zip 97135		
	Industr	y description (e.g., Manufacture of mot Colleges and Universities	tor truck trai	lers)				
OR	Standard Industrial Classification (SIC), if known (e.g., SIC 3715)							
	North A	North American Industrial Classification (NAICS), if known (e.g., 336212) 611310						
Emp	oloyme	ent information						
	Annual a	average number of employees	77					
	Total hours worked by all employees last year		93,379					
Sigr	n here							
	Knowii	ngly falsifying this document may re	esult in a fir	ne.				
	l certify comple	that I have examined this document a te.	and that to th	ne best of my knowl	edge the entries are true	, accurate, and		
	Moyfort Shope I				Chief of Staff, Offic	e of the President		
		Margaret A. Shepherd				Title		
		206-543-7262 (EH&S)			January	25, 2024		
		Phone				Date		