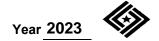
# OSHA's Form 300A (Rev. 01/2004) Summary of Work-Related Injuries and Illnesses



#### 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.

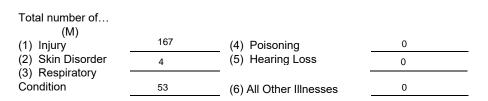
#### **Number of Cases**

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	108	31	85
(G)	(H)	(I)	(J)

### Number of Days

Total number of days away from work	Total number of days of job transfer or restriction	
1,343	2,029	
(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.

Esta	Establishment information									
	Your establishment name University of Washington, Seattle Campus Excluding UWMC Montlake									
	Street	Box 354400								
	City	Seattle		State	WA		Zip	98195		
	Industry description (e.g., Manufacture of motor truck trailers) Colleges and Universities Standard Industrial Classification (SIC), if known (e.g., SIC 3715)									
OR										
	North A	North American Industrial Classification (NAICS), if known (e.g., 336212) 611310								
Emp	oloyme	nt information								
-	-									
	Annual a	verage number of er	nployees	36,504						
	Total ho last year	urs worked by all em	ployees	37,977,3	67					
Sigr	n here									
	Knowir	igly falsifying this d	ocument may res	sult in a fir	ie.					
	I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.									
		Mrg fot Ship	-el			Chief of Staff, Office	of the F	President		
		Margaret	A. Shepherd				Fitle			
		206-543-7	262 (EH&S)			January 2	25, 202	24		
		Phon	· /			· · · · ·	Date			