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 0 (G)	Total number of cases with days away from work 20 (H)	Total number of cases with job transfer or restriction 4 (I)	Total number of other recordable cases 12 (J)						
(0)	(11)	(1)	(0)						
Number of Days									
Total number of days away from		Total number of days of job transfer or restriction							
98		69							
(K)		(L)							
Injury and Illness Types									
Total number of									
(M) (1) Injury	17	(4) Poisoning	0						
(2) Skin Disorder(3) Respiratory	0	(5) Hearing Loss	0						
Condition	19	(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.

ablishment information	n							
Your establishment name	University of Washington	Vashington, Primary Care Clinics						
Street 850 Republican S	street, Building C, Floor 2, I	30x 35	3051					
City Seattle	State	WA			Zip	98195		
Industry description (e.g., Mealthcare or prin	Manufacture of motor truck transpary care clinics	ailers)						
Standard Industrial Classifi	cation (SIC), if known (e.g., s	SIC 371	5)					
North American Industrial (Classification (NAICS), if kno	wn (e.g	., 336212)					
ployment information								
Annual average number of e	employees 241							
Total hours worked by all en last year	nployees 82,307		_					
ı here								
Knowingly falsifying this	document may result in a f	ine.						
I certify that I have examine complete.	ed this document and that to	the bes	t of my knowle	edge the entries are true, acc	urate,	and		
Month of Shy	e l			Chief of Staff, Office of	f the [Presiden		
Margaret A. Shepherd		Title						
206-543-7262 (EH&S)		January 25, 2024						
Phone			Date					