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



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

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 Record

Number of Cases

Condition

Total number of deaths	Total number of cases with days away from work 174	Total number of cases with job transfer or restriction 57	Total number of other recordable cases 297				
(G)	(H)	(I)	(J)				
Number of Days							
Total number of days away from work		Total number of days of job transfer or restriction					
4,746	_	4,743					
(K)	-	(L)					
Injury and Illness Types							
Total number of (M)							
(1) Injury	515	(4) Poisoning	0				
(2) Skin Disorder(3) Respiratory	3	(5) Hearing Loss	10				

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

(6) All Other Illnesses

Public reporting 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 OMS 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	ablish	ment information						
	Your establishment name University of Washington, Excluding Harborview Medical Center							
	Street	301 Gerberding Hall						
	City	Seattle	State	Washington	Zip98195_			
	Industry description (e.g., Manufacture of motor truck trailers) Higher Education							
	Standard Industrial Classification (SIC), if known (e.g., SIC 3715)							
OR North American Industrial Classification (NAICS), if known (e.g., 336212)								
011	14011117	6 1 1 3 1		55212)				
Emi	olovm	ent information						
	,							
	Annual average number of employees 41,861							
	Total h	ours worked by all employees last	47,200,690					
Sigi	n here							
	Knowi	ngly falsifying this document may re	sult 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.								
		Dave M. Anderson	en	Interim Associate	e Vice President, Compliance and Risk Services Title			
				. /	73/16			
		206-543-7202 Telephone						

For more information, contact EH&S, Emma Corell 206-543-7388.