OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses



U.S. Department of Labor

Form approved OMB no. 1218-0176

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

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

Total number of deaths 0 (G)	Total number of cases with days away from work 0 (H)	Total number of cases with job transfer or restriction 0 (I)	Total number of other recordable cases 0 (J)				
Number of Days							
Total number of days away from work		Total number of days of job transfer or restriction					
0 (K)	-	0 (L)					
Injury and Illness Types							
Total number of (M)							
(1) Injury (2) Skin Disorder	0	(4) Poisoning(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 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.

Your e	establishment name <u>University</u>	of Washington, Consoli	dated Laundry - UWMC	
Street	2901 27th Avenue South			
City	Seattle	State	Washington	Zip <u>98144</u>
	Linen Supply			
Standa	ard Industrial Classification (SIC), if known (e.g., SIC 371	5)	
R North	American Industrial Classification	n (NAICS) if known (e.g.	336212)	
	<u>8 1 2 3</u>		, 5552127	
nnlovm	ent information			
пріоўпі	ent imormation			
Annua	al average number of employees	34		
Total	nours worked by all employees I	aet		
year	louis worked by all employees i	7,236		
gn here				
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Know	ingly falsifying this document	may result in a fine.		
I certif	y that I have examined this docu	iment and that to the bes	at of my knowledge the entries a	are true, accurate, and
			Health Sciences Ad	Iministration Executive Director
	Dave M. Anderson			Title
	206 542 7200			
	206 543-7202 Telephone			Date
For n	nore information, contact EH&S,	Emma Corell 206-543-7	388.	