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 114	Total number of other recordable cases
(G)	(H)	(1)	(J)
Number of Days			
Total number of days away from work		Total number of days of job transfer or restriction	
11,807 (K)	-	10,090 (L)	-
Injury and Illness T	ypes		
Total number of (M)			
(1) Injury ´	986	(4) Poisoning	1
(2) Skin Disorder	14	(5) Hearing Loss	0
(3) Respiratory Condition	712	(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.

Your establishment	name University o	University of Washington, All UW Locations Including Medical Centers and ALNW			
Street 201 Hall He	ealth Center, Box 354	4400			
City Seattle		State WA	Zip 98195		
Industry description Colleges ar	(e.g., Manufacture of and Universities	motor truck trailers)			
Standard Industrial	Classification (SIC), if	known (e.g., SIC 3715)			
North American Inde	ustrial Classification (N	IAICS), if known (e.g., 3362	:12)		
oloyment informa	ation				
Annual average number of employees		57,840			
Total hours worked by all employees last year		66,574,737			
n here					
Knowingly falsifyin	g this document may	y result in a fine.			
I certify that I have e complete.	examined this docume	nt and that to the best of my	knowledge the entries are true, accurate, and		
Moy	A Slopel		Chief of Staff, Office of the Presiden		
Margaret A. Shepherd		,	Title		
206-543-7262 (EH&S)			January 25, 2024		
Phone					