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

## **Summary of Work-Related Injuries and Illnesses**



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 211	Total number of cases with job transfer or restriction 30	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		
3,077		2,025		
(K)		(L)		
Injury and Illness Ty	/pes			
Total number of (M)				
(1) Injury ´	182	(4) Poisoning	1	
<ul><li>(2) Skin Disorder</li><li>(3) Respiratory</li></ul>	5	(5) Hearing Loss	1	
Condition	147	(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 e	stablishment name	University of Was	hington,	All UW locations E	xcluding Medical	Centers and A	ALNW
Street	201 Hall Health Ce	enter, Box 354400					
City	Seattle		State	WA		Zip	98195
Indust	ry description (e.g., M Colleges and U		truck trai	lers)			
Standa	ard Industrial Classific	ation (SIC), if known	(e.g., SI	C 3715)			
North	American Industrial C	lassification (NAICS)	, if know	n (e.g., 336212)			
ploym	ent information						
Annual	average number of e	mployees 3	7,967				
Total ho last yea	ours worked by all em Ir		9,468,8	502			
n here							
Knowi	ingly falsifying this c	locument may resu	It in a fir	ne.			
l certif	y that I have examine ete.	d this document and	that to th	ne best of my knowle	edge the entries ar	e true, accurate	, and
Marg	aret Shepherd s	igitally signed by Margaret hepherd ate: 2023.01.23 13:36:21 -0	8'00'		Chief of Staff,	Office of the	President
	Margaret A. Shepherd		Title				
	206-543-7262 (EH&S)		January 23, 2023				
Phone		Date					