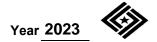
OSHA's Form 300A (Rev. 01/2004) Summary of Work-Related Injuries and Illnesses



Form approved OMB no. 1218-0176

U.S. Department of Labor 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 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.

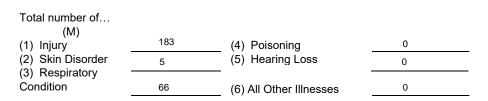
Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases	
0	126	38	90	
(G)	(H)	(I)	(J)	

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
1,509	2,416
(K)	(L)

Injury and Illness Types



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.

stablishı	ment information	I					
Your e	stablishment name	University of Wa	ashington	n, All Washington	State Locations, Exclud	ling Medic	al Centers
Street	201 Hall Health Ce	enter, Box 354400					
City	Seattle		State	WA		Zip	98195
Industr	y description (e.g., M Colleges and Univ		r truck trai	ilers)			
Standa R	rd Industrial Classific	ation (SIC), if know	n (e.g., SI	IC 3715)			
	American Industrial C 611310	lassification (NAIC	S), if know	vn (e.g., 336212)			
mployme	ent information						
Annual average number of employees Total hours worked by all employees last year		nployees	39,011				
			40,715,8	328			
ign here							
Knowi	ngly falsifying this d	ocument may res	ult in a fir	ne.			
l certify comple		d this document an	d that to th	he best of my know	rledge the entries are true,	accurate,	and
	Mogd Stop	-el			Chief of Staff, Offic	e of the F	President
	Margaret	A. Shepherd			, •,	Title	
	206-543-7262 (EH&S)				January	25, 202	24
Phone						Date	