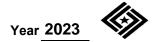
# OSHA's Form 300A (Rev. 01/2004) Summary of Work-Related Injuries and Illnesses



#### 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.

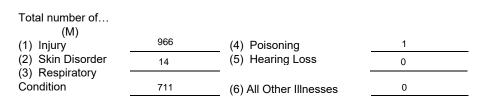
#### **Number of Cases**

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	964	111	617
(G)	(H)	(I)	(J)

### Number of Days

Total number of days away from work	Total number of days of job transfer or restriction	
11,764	9,931	
(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.

Est	ablishr	nent informatior	I									
	Your e	stablishment name	University of W	ashington,	, All Washingto	on Sta	te Locations, Including N	/ledical (	Centers			
	Street	201 Hall Health Center, Box 354400										
	City	Seattle		State	WA			Zip	98195			
	Industry description (e.g., Manufacture of motor truck trailers) Colleges and Universities											
		ndard Industrial Classification (SIC), if known (e.g., SIC 3715)										
OR		American Industrial Classification (NAICS), if known (e.g., 336212) 611310										
Em	ployme	ent information										
	Annual	ual average number of employees		58,248								
	Total hours worked by all employees last year		ployees	65,980,421								
Sig	n here											
	Knowi	ngly falsifying this c	locument may re	sult in a fir	ne.							
	l certify comple	rtify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and plete.										
		My ref of Olive	hel				Chief of Staff, Office	of the F	President			
		Margaret	A. Shepherd			-		ïtle				
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