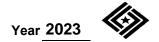
OSHA's Form 300A (Rev. 01/2004) Summary of Work-Related Injuries and Illnesses



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	2	3	16
(G)	(H)	(1)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
43	159
(K)	(L)

Injury and Illness Types

Total number of… (M)			
(1) Injury	20	(4) Poisoning	0
(2) Skin Disorder	0	(5) Hearing Loss	0
(3) Respiratory Condition	1	(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	shington,	Arizona		
	4202 N Higley Rd					
				Arizona		7in 85215
City	Mesa		State	Alizona		Zip85215
Industr	y description (e.g., M Colleges and Univ		truck trai	lers)		
	ard Industrial Classific	ation (SIC), if know	n (e.g., SI	C 3715)		
North /	American Industrial C	lassification (NAICS	3) if know	m (e.g. 336212)		
101017	611310		,, ii 1010W			
ployme	ent information					
	average pumber of a	mnlovees	80			
Annual	average number of e					
	ours worked by all em	ployees _	126,206			
Total ho	ours worked by all em	ployees _				
Total ho	ours worked by all em	ployees _				
Total hc last yea jn here	urs worked by all em	ployees	126,206	 		
Total hc last yea jn here	ours worked by all em	ployees	126,206	1e.		
Total ho last yea yn here Knowi	ngly falsifying this o	ployees	126,206 ult in a fir		edge the entries ar	e true accurate and
Total ho last yea yn here Knowi	ngly falsifying this o	ployees	126,206 ult in a fir		edge the entries ar	e true, accurate, and
Total ho last yea yn here Knowi	ngly falsifying this o	ployees	126,206 ult in a fir			
Total ho last yea yn here Knowi	ngly falsifying this of that I have examine the the the the the the the the the th	ployees	126,206 ult in a fir			e true, accurate, and Office of the Preside Title
Total ho last yea yn here Knowi	ngly falsifying this of that I have examine the that I have examine thave examine that	ployees	126,206 ult in a fir		Chief of Staff,	Office of the Preside