## 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  0 (G)	Total number of cases with days away from work  (H)	Total number of cases with job transfer or restriction  2 (I)	Total number of other recordable cases  0 (J)					
Number of Days	,	(7	(1)					
Total number of days away from work		Total number of days of job transfer or restriction						
59 (K)	-	52 (L)	-					
Injury and Illness Types								
Total number of (M)								
(1) Injury ´	4	(4) Poisoning	0					
(2) Skin Disorder	1	(5) Hearing Loss	0					
(3) Respiratory Condition	11	(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.

ablishment information	ı					
Your establishment name	University of Wa	ıshington,	, Bothell			
Street 18115 Campus W	ay NE					
City Bothell		State	WA			Zip 9801
Industry description (e.g., M Colleges and Univ	lanufacture of moto ersities	r truck trai	lers)			
Standard Industrial Classific	cation (SIC), if know	n (e.g., SI	IC 3715)			
North American Industrial C	Classification (NAIC	S), if know	/n (e.g., 3362 <sup>-</sup>	12)		
oloyment information						
Annual average number of e	mployees	1,264				
Total hours worked by all employees last year		1,349,31	0			
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Knowingly falsifying this of	document may res	ult in a fir	ne.			
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I certify that I have examine complete.	u uns document an	u mat to tr	ie best of my	KIIOWIEC	ige trie entries are true, at	Jourale, and
Mryf A Sly	2-el				Chief of Stoff Office	of the Dreside
Margaret	A. Shepherd			-	Chief of Staff, Office of Ti	of the Preside itle
206-543-7262 (EH&S)			January 25, 2024			
Phone				Date		