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 1 (H)	Total number of cases with job transfer or restriction 1 (I)	Total number of other recordable cases 1 (J)						
Number of Days									
Total number of days away from work 80 (K)	-	Total number of days of job transfer or restriction 34 (L)							
Injury and Illness Types									
Total number of (M) (1) Injury (2) Skin Disorder (3) Respiratory	3	(4) Poisoning (5) Hearing Loss	0						
Condition	0	(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.

Establish	ment informatior	1				
Your e	stablishment name	University of W	Vashingtor	n, Friday Harbor La	ıbs	
Street	620 University Ro	oad				
City	Friday Harbor		State	WA		Zip <u>98250</u>
Indust	ry description (e.g., M Colleges and univ		or truck trai	ilers)		
Standa OR	ard Industrial Classific	cation (SIC), if kno	wn (e.g., SI	IC 3715)		
North	American Industrial C	Zlassification (NAIC	CS), if know	n (e.g., 336212)		
Employm	ent information					
Annual	average number of e	mployees	79			
Total hours worked by all employees last year 64,6		64,682				
Sign here						
Knowi	ngly falsifying this o	document may re	sult in a fir	ne.		
l certif		d this document a	ınd that to th	he best of my knowle	dge the entries are tr	ue, accurate, and
Marg	aret Shepherd\s	Digitally signed by Marga Shepherd Date: 2022.03.24 13:47:0			Chief of Staff, Of	ffice of the President
	Margaret A. Shepherd		Title			
	206-543-7262 (EH&S)			January 26, 2024		
	Phone			Date		