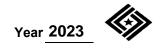
OSHA's Form 300A (Rev. 01/2004)

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 43	Total number of other recordable cases 314 (J)						
(G)	(H)	(1)							
Number of Days									
Total number of days away from work		Total number of days of job transfer or restriction							
4,468 (K)		4,577 (L)	-						
Injury and Illness Types									
Total number of									
(M) (1) Injury	434	(4) Poisoning	0						
(2) Skin Disorder (3) Respiratory Condition 8 277		(5) Hearing Loss	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.

stablishi	ment information	1				
Your e	stablishment name	University of Was	shington,	, Harborview Medica	al Center	
Street	325 Ninth Avenue					
City	Seattle	_	State	WA		Zip <u>98104</u>
Industr	y description (e.g., N Surgical and Medi	lanufacture of motor cal Hospital	truck trai	ilers)		
Standa R	ard Industrial Classific	cation (SIC), if know	n (e.g., SI	IC 3715)		
North A	American Industrial 0	Classification (NAICS	S), if know	vn (e.g., 336212)		
nployme	ent information					
Annual average number of employees		mployees	7,450			
Total hours worked by all employees last year 11,200		11,200,7	7 98			
gn here						
Knowi	ngly falsifying this o	document may resu	ult in a fir	ne.		
I certify		d this document and	I that to th	he best of my knowle	dge the entries are true, acc	urate, and
·	Moglit Sly	2.			Chief of Stoff Office of	the Presiden
	Margaret	A. Shepherd			Chief of Staff, Office of Title	
206-543-7262 (EH&S)			January 25	, 2024		
Phone			Date			