## 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	
(G)	(H)	(I)	(J)	
Number of Days				
Total number of days away from work		Total number of days of job transfer or restriction		
9 (K)	-	9 (L)	-	
Injury and Illness 1	ypes			
Total number of				
(1) Injury	3	(4) Poisoning	0	
(2) Skin Disorder	0	(5) Hearing Loss	0	
(3) Respiratory 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.

stablish	ment information				
Your e	stablishment name _University of	f Washington,	, Tacoma		
Street	1900 Commerce Street				
City	Tacoma	State	WA		Zip 98402-3100
Industr	ry description (e.g., Manufacture of r Colleges and Universities	notor truck trai	ilers)		
Standa	ard Industrial Classification (SIC), if I	known (e.g., Sl	IC 3715)		
North .	American Industrial Classification (N	AICS), if know	vn (e.g., 336212)		
mployme	ent information				
Annual	average number of employees	1,123			
Total hours worked by all employees last year		1,262,95	50		
ign here					
Knowi	ngly falsifying this document may	result in a fir	ne.		
I certify	y that I have examined this documer ate.	nt and that to th	he best of my know	vledge the entries are true,	accurate, and
Margaret Shepherd Digitally signed by Margaret Shepherd Date: 2021.01.29 12:59:52 -08'00'			Chief of Staff, Office	e of the President	
	Margaret A. Shepherd			Title	
206-543-7262 (EH&S)			January 29, 2021		
Phone			Date		