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

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."

Number of Cases

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.

Total number of cases with days away from work 2	Total number of cases with job transfer or restriction 2	Total number of other recordable cases
(H)	(1)	(J)
	Total number of days of job transfer or restriction	
	85	
	(L)	
ypes		
6	(4) Poisoning	0
0	(5) Hearing Loss	0
	cases with days away from work 2 (H)	cases with days away from work 2

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 50 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 <u>University of</u>	Washington, Tacoma			
Street	1900 Commerce Street				
City	Tacoma	State	WA	Zip	98402
	Colleges and Universities				
Standa	ard Industrial Classification (SIC), if	known (e.g., SIC 3715)			
P North	American Industrial Classification (I	JAICS) if known (o.g. 2	26212)		
IX INOILII7	6 1 1 3		30212)		
mplovm	ent information				
пріоупі	ent information				
Annua	average number of employees	1,089			
Total h	nours worked by all employees last	1,260,165			
gn here					
_	ingly falsifying this document ma	y result in a fine.			
I certify	y that I have examined this docume ate.	ent and that to the best o	f my knowledge the entrie	es are true, accurate, a	and
			Chief of St	aff, Office of the Pres	ident
	Margaret A. Shepherd			Title	
	206-543-7262 (EH&S)				
_	Telephone			Date	