OSHA's Form 300A (Rev. 01/2004) Summary of Work-Related Injuries and Illnesses



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)	(1)	(J)
Number of Days			
Total number of days away from work		Total number of days of job transfer or restriction	
3,622		1,167	
(K)	_	(L)	=
Injury and Illness 1	ypes		
Total number of			
(M) (1) Injury	80	(4) Poisoning	0
(2) Skin Disorder 0		(5) Hearing Loss	0
(3) Respiratory Condition	91	(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.

Your est	tablishment name	University of Washin	gton,	UWMC Northwest	Hospital	
Street	1550 N 115th St					
City	Seattle	S	tate	WA		Zip 98133
	description (e.g., Ma Hospital	anufacture of motor true	ck trai	lers)		
Standar	d Industrial Classific	ation (SIC), if known (e	.g., SI	C 3715)		
	merican Industrial C 622110	lassification (NAICS), if	know	n (e.g., 336212)		
nploymeı	nt information					
Annual av	verage number of er	mployees 2,2	43			
Total hou last year	ırs worked by all em		06,06	0		
gn here						
Knowin	gly falsifying this d	ocument may result i	n a fir	ne.		
I certify to		d this document and tha	at to th	ne best of my knowled	dge the entries are	e true, accurate, and
Marga	ret Shepherd\s⊦	gitally signed by Margaret nepherd ate: 2021.01.29 13:01:47 -08'00)'		Chief of Staff,	Office of the President
	Margaret A	. Shepherd	_	- -	,	Title
	206-543-72	262 (EH&S)	_		Jan	uary 29, 2021
	Phone			Date		