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



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."

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

Condition

Total number of deaths	Total number of cases with days away from work 305	Total number of cases with job transfer or restriction 75	Total number of other recordable cases 548				
(G)	(H)	(I)	(J)				
Number of Days							
Total number of days away from work		Total number of days of job transfer or restriction					
8,933	_	7,066					
(K)	_	(L)					
Injury and Illness Types							
Total number of (M)							
(1) Injury	903	(4) Poisoning	0				
(2) Skin Disorder(3) Respiratory	6	(5) Hearing Loss	10				

Post this Summary page from February 1 to April 30 of the year following the year covered by the form.

(6) All Other Illnesses

Public reporting burden for this collection of information is estimated to average S0 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 OMS 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	establishment name <u>University o</u>	f Washington		
Street	301 Gerberding Hall			
City	Seattle	State	Washington	Zip 98195
Indust	ry description (e.g., Manufacture o Higher Education	f motor truck trailers)		
Standa	ard Industrial Classification (SIC), i	f known (e.g., SIC 3715)		
R North	American Industrial Classification ((NAICS), if known (e.g., 3	336212)	
	6 1 1 3	1 0		
nploym	ent information			
Annua	Il average number of employees	46,063		
Total I	nours worked by all employees last			
year		53,461,680		
gn here	•			
Know	ingly falsifying this document ma	ay result in a fine.		
I certif	y that I have examined this docum	ent and that to the best o	of my knowledge the entries ar	e true, accurate, and
	D. Concle	wan	Interim Associate	e Vice President, Compliance and Ri Services
	Dave M. Andersen			Title
			,/	23/10
	206-543-7202 Telephone			Date

For more information, contact EH&S, Emma Corell 206-543-7388.