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

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."

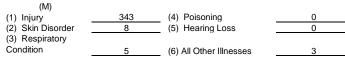
Employees former employees, and their representatives have the right to review the OSHA Form 300 in its entirety. They also have limited access to the OSHA Form 301 or its equivalent. See 29 CFR 1904.35, in OSHA's Recordkeeping rule, for further details on the access provisions for these forms.

## Number of Cases

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
0	97	17	245
(G)	(H)	(I)	(J)

## Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
2,845 (K)	3,194 (L)
Injury and Illness Types	
Total number of	



## 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 diffec.



U.S. Department of Labor Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

Est	ablish	ment informatio	n					
	Your e	stablishment name	University of W	/ashington, Harbo	rview Medic	al Center		
	Street	325 Ninth Avenue						
	City	Seattle		State		WA	Zip	98104
		Surgical and Medic	cal Hospital					
	Standa	ard Industrial Classif	ication (SIC), if kr	nown (e.g., SIC 37	715)			
ЭR	North /	American Industrial	Classification (NA	AICS), if known (e.	g., 336212)			
		6 2	2 1 1	0				
Em	ploym	ent information						
	Annua	I average number of	employees	6,822	_			
	Total h year	ours worked by all e	employees last	10,968,083	_			
Sig	n here							
	Knowi	ngly falsifying this	document may	result in a fine.				
	I certify comple		ed this document	t and that to the be	est of my kn	owledge the entri	es are true, accurate, a	and
						Health Sciences	Administration Execu	tive Director
		Dave M. A	nderson				Title	
		206 542	7202					
		206 543 Telept					Date	

For more information, contact EH&S, Erin McKeown 206-221-2852.