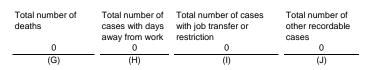
OSHA's Form 300A (Rev. 01/2004) Summary of Work-Related Injuries and Illnesses

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."

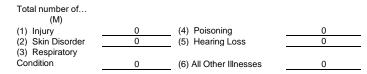
Employees former employees, and their representatives have the right to review the OSHA Form 300 in its entirety. They also have limited access to the OSHA Form 301 or its equivalent. See 29 CFR 1904.35, in OSHA's Recordkeeping rule, for further details on the access provisions for these forms.

Number of Cases



Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
(K)	0 (L)
Injury and Illness Types	



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

Establishment information			
Your establishment name Uni	versity of Washington, Maine		
Street			
City	State	Maine	Zip
Standard Industrial Classification	n (SIC), if known (e.g., SIC 371	5)	
OR North American Industrial Classi	fication (NAICS) if known (e.g.	336212)	
		,000212)	
Employment information			
Annual average number of empl	oyees 2		
Total hours worked by all employ year	vees last1,776		
ign here			
Knowingly falsifying this docu	ment may result in a fine.		
I certify that I have examined this complete.	s document and that to the bes	t of my knowledge the entrie:	s are true, accurate, and
		Health Sciences	Administration Executive Directo
Dave M. Anders	on		Title
206 543-7202			
Telephone			Date

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