## 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."

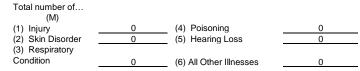
Employees former employees, and their representatives have the right to review the OSHA Form 300 in its entirety. They also have limited access to the OSHA Form 301 or its equivalent. See 29 CFR 1904.35, in OSHA's Recordkeeping rule, for further details on the access provisions for these forms.

## 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	0	0	0
(G)	(H)	(I)	(J)

## 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 Univ	ersity of Washington, Montan	а	
Street			
City	State	Montana	Zip
College and Universities			
Standard Industrial Classification	ı (SIC), if known (e.g., SIC 371	5)	
OR North American Industrial Classif	ication (NAICS) if known (e.g.	336212)	
		., 0002121	
Employment information			
A			
Annual average number of emplo	oyees <u>11</u>		
Total hours worked by all employ			
year	13,353		
Sign here			
-			
Knowingly falsifying this docur	nent may result in a fine.		
I certify that I have examined this complete.	document and that to the bes	st of my knowledge the entrie	s are true, accurate, and
		Health Sciences	Administration Executive Director
		riealth Sciences	Administration Executive Director
Dave M. Anderso	n		Title
206 543-7202			
Telephone			Date
For more information, contact E	H&S, Erin McKeown 206-221	-2852.	