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 0	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			
103		0			
(K)	_	(L)	_		
Injury and Illness 1	Гуреѕ				
Total number of					
(1) Injury	1	(4) Poisoning	0		
(2) Skin Disorder	0	(5) Hearing Loss	0		
(3) RespiratoryCondition	20	(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.

Establish	nment information	1					
Your	Your establishment name University of Washing			n, Airlift North	vest		
Stree	t 6501 Perimeter	Road S					
City	Seattle	Sta	te V	NA		Zip	98108
Indus	try description (e.g., N Ambulance Ser	lanufacture of motor truck vices	trailer	rs)			
Stand OR	dard Industrial Classific	cation (SIC), if known (e.g	., SIC	3715)			
	American Industrial C	Classification (NAICS), if k	nown ((e.g., 336212)			
Employm	nent information						
Annual average number of employees 139 Total hours worked by all employees							
last ye	aı	229,7	33				
Sign here	e						
Know	vingly falsifying this o	document may result in	a fine.				
l certi comp		d this document and that	to the	best of my knowle	dge the entries are true	e, accurate	, and
Margaret Shepherd Date: 2023.01.23 12:33:39 -08'00'			Chief of Staff, Offi	ce of the	President		
	Margaret A. Shepherd		Title				
	206-543-7262 (EH&S)			January 23, 2023			
Phone			Date				