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



U.S. Department of Labor
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

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."

Number of Cases

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.

Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
(H)	(1)	(J)
	Total number of days of job transfer or restriction	
	317	
ypes	.,	
8	(4) Poisoning	0
0	(5) Hearing Loss	0
	cases with days away from work 4 (H)	cases with days away from work 4 1 (I)  Total number of days of job transfer or restriction  Total number or restriction  317 (L)  ypes  (4) Poisoning

## 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 office.

Estab	olishn	nent information			
Υ	our es	stablishment name University of W	/ashington, Airlift Northy	vest	
S	Street	6501 Perimeter Road S			
C	City	Seattle	State	Washington	Zip 98108
Ir		y description (e.g., Manufacture of m Ambulance Services	notor truck trailers)		
S	Standa	rd Industrial Classification (SIC), if kr	nown (e.g., SIC 3715)		
OR N	North A	merican Industrial Classification (NA	AICS), if known (e.g., 33	6212)	
		6 2 1 9 1	0		
Empl	oyme	ent information			
A	Annual	average number of employees	127		
	Γotal ho ∕ear	ours worked by all employees last	200,007		
Sign	here				
ĸ	Knowir	ngly falsifying this document may r	result in a fine.		
	certify	that I have examined this document te.	t and that to the best of	my knowledge the entries	are true, accurate, and
_				Chief of Staff	f, Office of the President
_		Margaret A. Shepherd	_		Title
_		206-543-7262 (EH&S)			
_		Telephone		·	Date