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 0	Total number of cases with job transfer or restriction 0	Total number of other recordable cases (J)	
(G)	(H)	(1)		
Number of Days				
Total number of days away from work		Total number of days of job transfer or restriction		
0 (K)	_	0 (L)	-	
Injury and Illness 1	Гуреѕ			
Total number of				
(1) Injury	0	(4) Poisoning	0	
(2) Skin Disorder 0		(5) Hearing Loss	0	
(3) RespiratoryCondition	0	(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.

stablish	ment informatior	1				
Your e	establishment name	University of	Washingt	ton, Boise		
Street	500 West Fort 8	St .				
City	Boise		State	ID		Zip
Indust	ry description (e.g., M Colleges and U	lanufacture of mot niversities	or truck trail	lers)		
Standa DR	ard Industrial Classific	cation (SIC), if kno	wn (e.g., Slo	C 3715)		
North	American Industrial C	lassification (NAIC	CS), if know	'n (e.g., 336212)		
mploym	ent information					
	average number of e		91			
Total ho last yea	ours worked by all em ar	ployees	141,572			
ign here	i					
Knowi	ingly falsifying this o	document may re	sult in a fin	ne.		
l certif	y that I have examine etc.	d this document a	nd that to th	ne best of my knowle	dge the entries are	e true, accurate, and
Marg	iaret Shepherd s	Digitally signed by Margal Chepherd Date: 2023.01.23 13:41:4			Chief of Staff,	Office of the President
	Margaret	A. Shepherd		•	,	Title
<u> </u>	206-543-7262 (EH&S)		January 23, 2023			
Phone		Date				