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 2 (J)	
(G)	(H)	(1)		
Number of Days				
Total number of days away from work		Total number of days of job transfer or restriction		
315	_	90	_	
(K)		(L)		
Injury and Illness 1	Гуреѕ			
Total number of				
(1) Injury	5	(4) Poisoning	0	
(2) Skin Disorder(3) Respiratory	0	(5) Hearing Loss	0	
Condition	2	(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 information	1			
Your e	stablishment name	University of Washir	ngton, Bothell		
Street	18115 Campus	Way NE			
City	Bothell	State	e WA		Zip <u>98011</u>
Industr	y description (e.g., M Colleges and U	anufacture of motor truck t niversities	trailers)		
Standa DR	ard Industrial Classifio	ation (SIC), if known (e.g.,	, SIC 3715)		
North .	American Industrial C	lassification (NAICS), if kno	own (e.g., 336212)		
mployme	ent information				
	average number of e ours worked by all em r	· · · · · · · · · · · · · · · · · · ·			
ign here					
Knowi	ngly falsifying this o	locument may result in a	ı fine.		
comple	ete. aret Shepherd ^p s	igitally signed by Margaret	o the best of my knowl	edge the entries are true, a	
		A. Shepherd			Title
	206-543-7262 (EH&S)		January 23, 2023		
Phone			 Date		