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

Total number of



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."

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 Total number of cases

Number of Cases

Total number of

| deaths | cases with days away from work | with job transfer or restriction | other recordable cases |
|-------------------------------------|-----------------------------------|-----------------------------------------------------|------------------------|
| 0 | 49 | 8 | 62 |
| (G) | (H) | (1) | (J) |
| Number of Days | | | |
| Total number of days away from work | | Total number of days of job transfer or restriction | |
| 961 (K) | - | 1,489 (L) | - |
| Injury and Illness | Гуреѕ | | |
| Total number of (M) | | | |
| (1) Injury | 98 | (4) Poisoning | 0 |
| (2) Skin Disorder | 0 | (5) Hearing Loss | 0 |
| (3) Respiratory Condition | 21 | (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 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

| | Your e | stablishment name University of | Washington Medical (| Center - Northwest | |
|------|-----------|---------------------------------------------------------------------------|-------------------------|-----------------------------|--------------------------------------------|
| | | 1959 NE Pacific Street | | | |
| | City | Seattle | State | Washington | Zip 98195 |
| | Industr | ry description (e.g., Manufacture of General medical and surgical hosp | · | • | |
| | Standa | ard Industrial Classification (SIC), if | known (e.g., SIC 3715 | 5) | |
| | | | | | |
| JR | North / | American Industrial Classification (N | | 336212) | |
| | | | 1 | | |
| Em | oloym | ent information | | | |
| | | | | | |
| | Annua | l average number of employees | 2,234 | | |
| | Total h | ours worked by all employees last | 1,079,340 | | |
| Sigi | n here | | | | |
| Ĭ | | ngly falsifying this document may | recult in a fine | | |
| | KIIOWI | ngiy iaisiiying tilis document may | result iii a lille. | | |
| | I certify | y that I have examined this docume ete. | nt and that to the best | of my knowledge the entries | are true, accurate, and |
| | | | | Object | of Staff Office of the Drawiders |
| | | Margaret A. Shepherd | | Chief c | of Staff, Office of the President Title |
| | | | | | |
| | | 206-543-7262 (EH&S) Telephone | | | Date |