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

Your e	stablishment name	University of Washingto	on, Friday Harbor I	Labs
Street	620 University Ro	ad		
City	Friday Harbor	State	e WA	Zip 9825
Industr	y description (e.g., M Colleges and Univ	lanufacture of motor truck trersities	railers)	
Standa	ard Industrial Classific	cation (SIC), if known (e.g.,	SIC 3715)	
North /	American Industrial C	Classification (NAICS), if kno	own (e.g., 336212)	
ployme	ent information			
Annual	average number of e	mployees 82		
Total hours worked by all employees last year 65,62		2		
jn here				
Knowi	ngly falsifying this o	document may result in a	fine.	
I certify		d this document and that to	o the best of my kno	owledge the entries are true, accurate, and
Marg	aret Shepherd\s	oigitally signed by Margaret Shepherd Date: 2025.01.24 15:50:49 -08'00'		Chief of Staff, Office of the Preside
Margaret A. Shepherd			Title	
206-543-7262 (EH&S)				01/24/2025
Phone		Date		