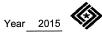
## OSHA's Form 300A (Rev. 01/2004)

## **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."

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 5	Total number of cases with job transfer or restriction	Total number of other recordable cases
(G)	- <del>(H)</del>	(I)	- <del>(1)</del>
	<b>('')</b>	(1)	(0)
Number of Days			
Total number of days away from work		Total number of days of job transfer or restriction	
192	_	9	_
(K)		(L)	
Injury and Illness 1	Гуреѕ		
Total number of (M)			
(1) Injury	8	(4) Poisoning	0
<ul><li>(2) Skin Disorder</li><li>(3) Respiratory</li></ul>	0	(5) Hearing Loss	0
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 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.

stablish	ment information			
Your e	establishment name <u>Univers</u>	sity of Washington, Bothell B	ranch Campus	
Street	18115 Campus Way NE			
City	Bothell	State	Washington	Zip 98011
Indust	ry description (e.g., Manufactu Higher Education	re of motor truck trailers)		
Stand	ard Industrial Classification (SI	C), if known (e.g., SIC 3715	)	
OR North	American Industrial Classificat	ion (NAICS) if known (e.g.,	336212)	
	<u>6 1 1 3</u>	, , ,	<b>,</b>	
mplovm	ent information			
.iiipioyiii	ent information			
Annua	l average number of employee	es <u>925</u>		
Total	nours worked by all employees	last		
year	louis worked by all employees	1,389,936		
ign here	•			
•				
Know	ingly falsifying this documer	nt may result in a fine.		
Logrtif	v that I have examined this do	cument and that to the hest	of my knowledge the entries a	re true, accurate, and complete.
1 001111	y that i have examined this doc	samont and that to the boot t	or my randomougo uno origino di	o ado, accarato, ana completo.
	n, 1 . ~	4		Interim Vice President,
_6	esalleth (1)	LILLE		Finance and Facilities
	Elizabeth Cherry	7		Title
	206-543-8765			1-26-16
	Telephone			Date
For n	nore information, contact EH&S	S. Emma Alder, 206-543-738	88.	