## 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

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 Record

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)	(I) <sub>-</sub>	(J)
Number of Days			
Total number of days away from work		Total number of days of job transfer or restriction	
99 (K)	-	62 (L)	-
Injury and Illness T	ypes		
Total number of (M)			
(1) Injury	3	(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 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.

Esta	ablishment information
	Your establishment name University of Washington, Friday Harbor Labs
	Street 620 University Road
	City   Friday Harbor   State   Washington   Zip   98250
	Industry description (e.g., Manufacture of motor truck trailers)  Higher Education
	Standard Industrial Classification (SIC), if known (e.g., SIC 3715)
OR	North American Industrial Classification (NAICS), if known (e.g., 336212)
	<u>6</u> <u>1</u> <u>1</u> <u>3</u> <u>1</u> <u>0</u>
Emį	ployment information
	Annual average number of employees63
	Total hours worked by all employees last year
Sigi	n here
	Knowingly falsifying this document may result in a fine.
	I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.
	Interim Associate Vice President, Compliance and Risk
	Dave M. Anderson
	206-543-7202 //23 //9
	Telephone Dayle For more information, contact EH&S, Emma Corell 206-543-7388.