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

Summary of Work-Related Injuries and Illnesses

Year 2018

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 Record

Number of Cases			
Total number of deaths	Total number of cases with days away from work 158	Total number of cases with job transfer or restriction 54	Total number of other recordable cases
(G)	(H)	(I) _{1/2}	(J)
Number of Days			
Total number of days away from work		Total number of days of job transfer or restriction	
4,090 (K)	-	4,437 (L)	-
Injury and Illness T	Гуреѕ		
Total number of (M)			
(1) Injury (488	(4) Poisoning	0
(2) Skin Disorder	1	(5) Hearing Loss	10
(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 urless 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.

Establishment information			
	Your establishment name University of Washington, Seattle Campus, Including UW Medical Center		
	Street 301 Gerberding Hall		
	City Seattle State Washington Zip 98195		
	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>		
Emp	loyment information		
	Assert Courses a combast of conductors		
	Annual average number of employees 28,733		
	Total hours worked by all employees last year		
Sigr	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.		
	Dave M. Anderson Interim Associate Vice President, Compliance and Risk Services Title Tit		
	Dave IVI. Articesoff		
	206-543-7202 //23/19		

For more information, contact EH&S, Emma Corell 206-543-7388.