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 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 0	Total number of cases with job transfer or restriction 0	Total number of other recordable cases (J)		
(G)	(H)	(1)			
Number of Days					
Total number of days away from work		Total number of days of job transfer or restriction			
0		0			
(K)	_	(L)	_		
Injury and Illness 1	Гуреs				
Total number of					
(1) Injury	0	(4) Poisoning	0		
(2) Skin Disorder	0	(5) Hearing Loss	0		
(3) RespiratoryCondition	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.

stablish	ment information	ı					
Your e	establishment name	University of	Washing	iton, Olympic Na	tural Resource	e Center	
Street	1455 S Forks A	venue					
City	Forks		State	WA		Zip	98331
Indust	try description (e.g., M Colleges and U		or truck trai	ilers)			
Stand	ard Industrial Classific	ation (SIC), if kno	wn (e.g., Sl	IC 3715)			
PR							
North	American Industrial C	lassification (NAI	CS), if know	n (e.g., 336212)			
mplovm	ent information						
проуп	ent information						
Annual	average number of e	mployees	10				
	ours worked by all em	ıployees	11,000				
last yea	ai		11,996				
ign here	•						
Know	ingly falsifying this o	document may re	sult in a fir	ne.			
l certit compl	fy that I have examine lete.	d this document a	nd that to th	he best of my knowle	dge the entries ar	e true, accurate	, and
Marg	paret Shepherd s	Digitally signed by Marga Chepherd Date: 2023.01.23 14:09:2			Chief of Staff,	Office of the	President
	Margaret	A. Shepherd			·	Title	
206-543-7262 (EH&S)			January 23, 2023				
Phone		Date					