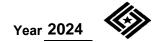
OSHA's Form 300A (Rev. 01/2004) Summary of Work-Related Injuries and Illnesses



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.

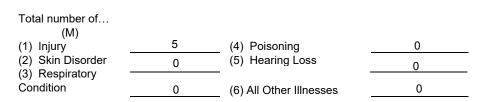
Number of Cases

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
0	1	0	4
(G)	(H)	(1)	(J)

Number of Days

Total number of days away from work		Total number of days of job transfer or restriction	
5		0	
(K)	—	(L)	

Injury and Illness Types



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.

Est	ablishr	nent information						
	Your establishment name University of Washington, Airlift Northwest							
	Street 6501 Perimeter Road S							
	City	Seattle	State	WA		Zip 98108		
	Industr	y description (e.g., Manufacture of mot Ambulance Services	or truck trai	ilers)				
OR		rd Industrial Classification (SIC), if kno	wn (e.g., S	IC 3715)				
	R North American Industrial Classification (NAICS), if known (e.g., 336212) 621910							
Em	ployme	ent information						
Annual average number of employees 155								
Total hours worked by all employees last year		230,020						
Sig	n here							
	Knowii	ngly falsifying this document may re	sult in a fi	ne.				
	I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.							
	Marga	aret Shepherd Digitally signed by Marga Shepherd Date: 2025.02.03 08:41:4			Chief of Staff.	Office of the President		
		Margaret A. Shepherd			, ,	Title		
		206-543-7262 (EH&S)				02/03/25		
		Phone				Date		