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 431	Total number of cases with job transfer or restriction 117	Total number of other recordable cases 705 (J)		
(G)	(H)	(1)			
Number of Days					
Total number of days away from work		Total number of days of job transfer or restriction			
11,993 (K)	-	9,234 (L)	-		
Injury and Illness T	ypes				
Total number of					
(M) (1) Injury	1142	(4) Poisoning	0		
(2) Skin Disorder(3) Respiratory	4	(5) Hearing Loss	6		
Condition	98	(6) All Other Illnesses	3		

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	1					
Your e	establishment name	University of Wa	ashington,	, All UW Locations I	ncluding Medical Centers		
Street	201 Hall Health Ce	enter, Box 354400)				
City	Seattle		State	WA		Zip	98195
Indust	ry description (e.g., M Colleges and Univ	lanufacture of moto ersities	or truck trai	ilers)			
Standa R	ard Industrial Classific	cation (SIC), if know	vn (e.g., SI	IC 3715)			
North	American Industrial C	 classification (NAIC	S), if know	/n (e.g., 336212)			
nploym	ent information						
Annual average number of employees 59,		59,734					
Total hours worked by all employees last year 68,908		68,908,6	571				
gn here	•						
Knowi	ingly falsifying this o	document may res	sult in a fir	ne.			
I certif		d this document ar	nd that to th	he best of my knowle	dge the entries are true, acc	:urate,	and
•	aret Shepherd	Digitally signed by Margare Chepherd Date: 2025.01.27 08:45:04			Chief of Staff, Office of	the I	President
	Margaret	A. Shepherd			Title	9	
	206-543-7262 (EH&S)			01/27/2025			
	Phone			Date			