## 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	
(G)	(H)	(1)	(J)	
Number of Days				
Total number of days away from work		Total number of days of job transfer or restriction		
2		150		
(K)	_	(L)	-	
Injury and Illness T	ypes			
Total number of				
(1) Injury ´	12	(4) Poisoning	0	
<ul><li>(2) Skin Disorder</li><li>(3) Respiratory</li></ul>	0	(5) Hearing Loss	0	
Condition	0	(6) All Other Illnesses	1	

## 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.

Establis	hment information				
You	r establishment name	University of Washington	, Arizona		
Stre	et 4202 N Higley Rd				
City	Mesa	State	Arizona		Zip 85215
Indu	stry description (e.g., M Colleges and Univ	anufacture of motor truck trainersities	ilers)		
Star OR	dard Industrial Classific	ation (SIC), if known (e.g., S	IC 3715)		
Nort	th American Industrial C	lassification (NAICS), if know	vn (e.g., 336212)		
mployı	ment information				
Annu	al average number of er	mployees 92			
Total last y	hours worked by all em ear	140,182			
Sign he	re				
Kno	wingly falsifying this d	ocument may result in a fi	ne.		
	tify that I have examined	d this document and that to t	he best of my know	vledge the entries are true, ac	curate, and
Ma	rgaret Shepherd^si	gitally signed by Margaret nepherd ate: 2025.01.24 15:48:56 -08'00'		Chief of Staff, Office of	of the President
	Margaret .	A. Shepherd		Tit	tle
-	206-543-7262 (EH&S)			01/24/2025	
Phone			Date		