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 1	Total number of other recordable cases							
(G)	(H)	(1)	(J)							
Number of Days										
Total number of days away from		Total number of days of job transfer or restriction								
7 (K)	-	174 (L)	-							
Injury and Illness Types										
Total number of (M)										
(1) Injury ´	2	(4) Poisoning	0							
(2) Skin Disorder	0	(5) Hearing Loss	0							
(3) Respiratory Condition	2	(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	1					
Your e	establishment name	University of Washin	gton	ı, Bothell			
Street	18115 Campus W	ay NE					
City	Bothell	S	tate	WA		Zip	98011
Indust	ry description (e.g., N Colleges and Univ	Manufacture of motor truc versities	:k trai	illers)			
Standa R	ard Industrial Classific	cation (SIC), if known (e.	.g., S	SIC 3715)			
North	American Industrial C	Classification (NAICS), if	know	vn (e.g., 336212)			
mploym	ent information						
Annual average number of employees 1,24		14					
Total hours worked by all employees last year 1,351,04		47					
gn here	•						
Knowi	ingly falsifying this o	document may result in	ı a fii	ne.			
l certif		d this document and tha	it to ti	the best of my knowl	edge the entries are true, acc	urate,	, and
Marg	aret Shepherd∧s	Digitally signed by Margaret Shepherd Date: 2025.01.24 15:43:02 -08'00	<u>'</u>		Chief of Staff, Office o	f the	President
	Margaret	A. Shepherd			Title	e	
	206-543-7262 (EH&S)		01/24/2025				
Phone			Date				