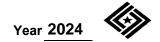
# OSHA's Form 300A (Rev. 01/2004) Summary of Work-Related Injuries and Illnesses



#### 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.

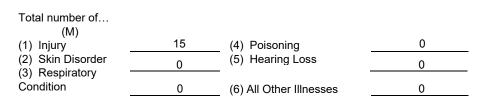
#### **Number of Cases**

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	2	1	12
(G)	(H)	(1)	(J)

## Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
109	80
(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.

Establisl	hment information			
Your	establishment name University of	Washington	, Primary Care (	Clinics
Stree	et 850 Republican Street, Building	C, Floor 2, B	ox 358051	
City	Seattle	State	WA	Zip 98195
Indus	stry description (e.g., Manufacture of n Healthcare or primary care clinic		ilers)	
Stan	dard Industrial Classification (SIC), if k	nown (e.g., S	IC 3715)	
DR				
North	n American Industrial Classification (N. 621111	AICS), if knov	vn (e.g., 336212)	
mployn	nent information			
Annua	al average number of employees	266		
Total I last ye	hours worked by all employees ear	78,283		
Sign her	e			
Know	vingly falsifying this document may	result in a fi	ne.	
l cert comp	-	t and that to t	he best of my kno	owledge the entries are true, accurate, and
Margaret Shepherd Date: 2025.01.24 16:02:54 -08'00'		-		Chief of Staff, Office of the President
Margaret A. Shepherd				Title
206-543-7262 (EH&S)				01/24/2025
	Phone			Date