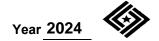
OSHA's Form 300A (Rev. 01/2004) Summary of Work-Related Injuries and Illnesses



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	66	33	99
(G)	(H)	(1)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
1,600	2,085
(K)	(L)

Injury and Illness Types

Total number of… (M)			
(1) Injury(2) Skin Disorder(3) RespiratoryCondition	185	(4) Poisoning (5) Hearing Loss	0
	1		5
	7	(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.

tablishı	ment information				
Your e	stablishment name Ur	niversity of Washington,	Seattle Campus E	xcluding UWMC Montlake	
Street	Box 354400				
City	Seattle	State	WA		Zip 98195
Industr	y description (e.g., Manuf Colleges and Universit		lers)		
	ard Industrial Classification	n (SIC), if known (e.g., SI	C 3715)		
२			- (220240)		
North /	American Industrial Class 611310	incation (NAICS), if know	n (e.g., 336212)		
nployme	ent information				
Annual	average number of emplo	yees 37,178			
Total ho last yea	urs worked by all employ r	ees 39,439,4	09		
gn here					
Knowi	ngly falsifying this docu	ment may result in a fir	ne.		
l certify comple		s document and that to th	ne best of my knowle	edge the entries are true, accu	rate, and
Marg	aret Shepherd	v signed by Margaret erd 025.01.24 15:54:18 -08'00'		Chief of Staff, Office of t	he President
	Margaret A. S	Shepherd		Title	
	206-543-7262	2 (EH&S)		01/24/20	25
	Phone			Date	