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 41	Total number of other recordable cases 279						
(G)	(H)	(1)	(J)						
Number of Days									
Total number of days away from work		Total number of days of job transfer or restriction							
4,776 (K)		2,888 (L)	-						
Injury and Illness Types									
Total number of									
(1) Injury	454	(4) Poisoning	0						
(2) Skin Disorder	2	(5) Hearing Loss	0						
(3) Respiratory Condition 56		(6) All Other Illnesses	2						

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.

Establi	shment informatior	1					
You	Your establishment name University of		Washington Medical Center - Montlake and Northwest				
Str	eet 1959 NE Pacific S	treet					
City	y Seattle	8	State	WA		Zip	98195
Ind	ustry description (e.g., M General medical a	lanufacture of motor truends	ck trail	lers)			
Sta OR	andard Industrial Classific	cation (SIC), if known (e	e.g., SI0	C 3715)			
No	rth American Industrial C	Lassification (NAICS), if	f knowr	n (e.g., 336212)			
Employ	ment information						
Ann	ual average number of e	mployees 11,	626				
Total hours worked by all employees last year 14,3		375,38	81				
Sign he	ere						
Kno	owingly falsifying this o	document may result i	in a fin	ie.			
	ertify that I have examine	d this document and the	at to th	ne best of my knowle	dge the entries are true, accu	urate	, and
	argaret Shepherd	Digitally signed by Margaret Shepherd Date: 2025.01.24 16:01:21 -08'00	0'		Chief of Staff, Office of	the l	President
	Margaret	A. Shepherd	_	•	Title	,	
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	Phor	10			Date	_	