OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 2015

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

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 9	Total number of cases with job transfer or restriction	Total number of other recordable cases (J)	
(G)	(H)	(1)		
Number of Days				
Total number of days away from work		Total number of days of job transfer or restriction		
480 (K)	-	494 (L)		
Injury and Illness 1	ypes -			
Total number of (M)				
(1) Injury (2) Skin Disorder	15 0	(4) Poisoning (5) Hearing Loss	0 0	
(3) Respiratory Condition 0		(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 50 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.

Establishment information									
	Your establishment name University of Washington, Consolidated Laundry - UWMC								
	Street 2901 27th Avenue South								
	City	Seattle		State	Washington	Zip <u>98144</u>			
	Industr	y description (e.g., M Linen Supply	lanufacture of mot	tor truck trailers)	sumprimus services and services and				
	Standa	rd Industrial Classific	cation (SIC), if kno	wn (e.g., SIC 3715)					
OR	North A	American Industrial C	Lassification (NAIC	CS), if known (e.g.,	336212)				
		81	2 3 3	1					
Em	oloyme	ent information							
	Annual	average number of	employees	119					
	Total h year	ours worked by all e	mployees last	267,925					
Sig	n here								
	Knowingly falsifying this document may result in a fine.								
	I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.								
	£	Elizabeth	Cherry	ly		Interim Vice President, Finance and Facilities Title			
		206-543	-8765			1-26-16			
	_	Teleph	one		•	Date			
	For more information, contact EH&S, Emma Alder, 206-543-7388.								