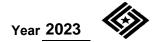
# OSHA's Form 300A (Rev. 01/2004) Summary of Work-Related Injuries and Illnesses



#### 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.

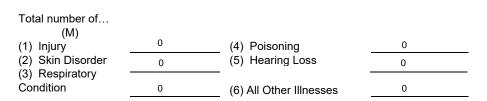
### Number of Cases

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	0	0	0
(G)	(H)	(I)	(J)

## Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(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.

stablishmer	nt information						
Your estab	lishment name	University of Wa	ashington,	Olympic Natural R	esource Center		
Street 14	55 S Forks Aven	ue					
City Fo	rks		State	WA		Zip	98331
	escription (e.g., Ma Illeges and Unive		or truck trai	lers)			
Standard li R	ndustrial Classifica	tion (SIC), if knov	vn (e.g., Sl	IC 3715)			
	rican Industrial Cla 1310	assification (NAIC	S), if know	/n (e.g., 336212)			
nployment	information						
Total hours worked by all employees		7					
		loyees	10,070				
gn here							
Knowingly	falsifying this do	ocument may res	sult in a fir	ne.			
complete.	1010	0	d that to th	ne best of my knowle	dge the entries are true, a	accurate,	and
	M ref & Ship.	X			Chief of Staff, Office	of the F	President
Margaret A. Shepherd					Title	100idont	
206-543-7262 (EH&S)				January	25, 202	24	
	Phone	)				Date	