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 26	Total number of other recordable cases	
(G)	(H)	(1)	(J)	
Number of Days				
Total number of days away from work		Total number of days of job transfer or restriction		
5,662 (K)	-	2,869 (L)	-	
Injury and Illness T	ypes			
Total number of (M)				
(1) Injury	327	(4) Poisoning	1	
(2) Skin Disorder	1	(5) Hearing Loss	0	
(3) Respiratory Condition	347	(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.

Your establishment name		University of Washington N	University of Washington Medical Center - Montlake and Northwest					
Street	1959 NE Pacific S	treet						
City	Seattle	State	WA		Zip	98195		
Industry		anufacture of motor truck traile nd surgical hospital	ers)					
Standa	rd Industrial Classific	eation (SIC), if known (e.g., SIC	3715)					
North A	American Industrial C	 classification (NAICS), if known	ı (e.g., 336212)					
oloyme	nt information							
Annual average number of employees		mployees 10,988						
Total hours worked by all employees last year		ployees 13,742,47	79					
n here								
Knowir	ngly falsifying this	locument may result in a fine	e.					
I certify comple		d this document and that to the	e best of my know	ledge the entries are true, acc	curate	, and		
	Month of Slay	rel		Chief of Staff, Office o	f the	Draeidan		
Margaret A. Shepherd			Titl		i iesiuell			
206-543-7262 (EH&S)		January 25, 2024						
Phone			Date					