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

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 0	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		
0	_	0	_	
(K)		(L)		
Injury and Illness 1	ypes			
Total number of				
(1) Injury	0	(4) Poisoning	0	
(2) Skin Disorder(3) Respiratory	0	(5) Hearing Loss	0	
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.

Esta	ablish	ment information					
	Your e	stablishment name <u>Ur</u>	niversity of Wa	ashington, Friday Ha	rbor Labs		
	Street	620 University Road					
	City	Friday Harbor		State	WA	Zip	98250
	Standa	ard Industrial Classification	on (SIC), if kno	own (e.g., SIC 3715))		
OR	North A	American Industrial Class	sification (NAI	CS), if known (e.g.,	336212)		
		6 1 1	3 1	0_			
Ξmι	oloymo	ent information					
	•						
	Annua	l average number of emp	ployees	69			
		ours worked by all emplo	oyees last				
	year			56,294			
Sig	n here						
	Knowi	ngly falsifying this doc	ument mav re	esult in a fine.			
			,				
	I certify		nis document a	and that to the best	of my knowledge the entrie	es are true, accurate,	and
		Margaret A. She	pherd		Chief of St	aff, Office of the Pres	ident
		206-543-7262 (E	H&S)				