## 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."

Number of Cases

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
(G)	(H)	(1)	(J)
Number of Days			
Total number of days away from work		Total number of days of job transfer or restriction	
0 (K)	-	0 (L)	
Injury and Illness 1	Гуреѕ	· · ·	
Total number of			
(1) Injury	0	(4) Poisoning	0
(2) Skin Disorder	0	(5) Hearing Loss	0
(3) Respiratory Condition		(0) 4    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 unitess 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.

Establish	ment information			
Your	establishment name <u>Unive</u>	rsity of Washington, Olympic	Natural Resource Center	
Stree	1455 S Forks Avenue			
City	Forks	State	WA	Zip <u>98331</u>
	Colleges and Universities			
Stand	ard Industrial Classification (	SIC), if known (e.g., SIC 371	5)	
OR North	American Industrial Classific	_ ation (NAICS), if known (e.g.	, 336212)	
	6 1 1 :	3 1 0		
mplovm	ent information			
Annu	al average number of employ	rees11		
Total year	hours worked by all employe	es last12,507		
ign here	•			
Know	ringly falsifying this docum	ent may result in a fine.		
I certi comp		document and that to the bes	it of my knowledge the entries	s are true, accurate, and
			Chief of Sta	ff, Office of the President
	Margaret A. Shephe	rd		Title
	206-543-7262 (EH&	S)		
	Telephone			Date