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

Total number of

other recordable



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.

Total number of Total number of cases

cases with days with job transfer or

## Number of Cases Total number of

deaths

Condition

	away from work	restriction	cases
0	115	26	91
(G)	(H)	(1)	(J)
Number of Days			
Total number of days away from work		Total number of days of job transfer or restriction	
3,599 (K)	_	3,523 (L)	-
Injury and Illness 1	Гуреѕ		
Total number of (M)			
(1) Injury	184	(4) Poisoning	0
(2) Skin Disorder	1	(5) Hearing Loss	0
(3) Respiratory			

## Post this Summary page from February 1 to April 30 of the year following the year covered by the form.

(6) All Other Illnesses

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 DMB 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 IN-3644, 200 Constitution Ave, NW, Washington, DC 20210. Do not send the completed forms to this office.

Your	establishment name University o	f Washington Medical C	Center - Montlake	
	'	T Washington Medical C	Senter - Montake	
Stree	t 1959 NE Pacific Street			
City	Seattle	State	Washington	Zip 98195
Indus	stry description (e.g., Manufacture o General medical and surgical ho			
Stand	dard Industrial Classification (SIC), i	f known (e.g., SIC 3715	5)	
OR North	American Industrial Classification		336212)	
	6 2 2 1	1 0		
Employn	nent information			
Annu	al average number of employees	7,995		
Total year	hours worked by all employees last	t 12,083,274		
Sign her	e			
Knov	wingly falsifying this document ma	ay result in a fine.		
I cert	ify that I have examined this docum lete.	ent and that to the best	of my knowledge the entries	are true, accurate, and
	Margaret A. Shepherd		Chief o	of Staff, Office of the President Title
	- J. J			
	206-543-7262 (EH&S)			
	Telephone			Date