OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses



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 1,666	Total number of cases with job transfer or restriction 23	Total number of other recordable cases 110 (J)	
(G)	(H)	(1)		
Number of Days				
Total number of days away from work		Total number of days of job transfer or restriction		
13,562 (K)	_	2,013 (L)	-	
Injury and Illness T	- Types	(5)		
Total number of (M)	_			
(1) Injury	200	(4) Poisoning	0	
(2) Skin Disorder	1	(5) Hearing Loss	0	
(3) Respiratory Condition	1,598	(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.

Establish	nment information	1					
Your e	establishment name	University of	Washing	ton Medical Cen	ter - Montlake	<u> </u>	
Street	t 1959 NE Pacific	c Street					
City	Seattle		State	WA		Zip	98195
Indust	stry description (e.g., M General medica	lanufacture of mot al and surgical	or truck trai hospital	ilers)			
Stand DR	dard Industrial Classific	cation (SIC), if kno	wn (e.g., Sl	IC 3715)			
North	American Industrial C	Lassification (NAIC	CS), if know	/n (e.g., 336212)			
mploym	nent information						
Annual	ıl average number of e	mployees	8,134				
Total hours worked by all employees last year 12,2		12,212,7	703				
Sign here	e						
Know	vingly falsifying this o	document may re	sult in a fir	ne.			
l certit compl	ify that I have examine plete.	d this document a	nd that to th	he best of my knowled	dge the entries are	e true, accurate	, and
Marg	Margaret Shepherd Digitally signed by Margaret Shepherd Shepherd Date: 2023.01.23 14:11:59 -08'00'			Chief of Staff,	Office of the	President	
	Margaret	A. Shepherd		-		Title	
	206-543-7262 (EH&S)			January 23, 2023			
Phone			 Date				