

Summary of Work-Related Injuries and Illnesses

Form Approved (OMB) No. 1218-0176

All establishments covered by part 1904 must complete this Summary page, even if no work related injuries or illnesses occurred during the year. Remember to view the Log to verify that the entries are complete and accurate before completing this summary.

Using the Log, count the individual entities 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 Part 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 cases with other recordable cases
0	3	6	15
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
78	372
(K)	(L)

Injury and Illness Types

Total number of...	(M)	(4)	(5)	(6)
(1) Injuries	24	Poisonings	0	
(2) Skin disorders	0	Hearing Loss	0	
(3) Respiratory conditions	0	All other illnesses	0	

Establishment information

Your establishment name The Evergreen State College, The Evergreen State College

Address 2700 Evergreen Parkway NW

Olympia WA 98505

Industry description (e.g., Manufacture of motor truck trailers)

College

Standard Industrial Classification (SIC), if known (e.g., 3715)

8221

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

61131

Employment information (if you don't have these figures, see the worksheet on the back of this page to estimate)

Annual average number of employees 0

Total hours worked by all employees last year 0

Sign here

Knowingly falsifying this document may result in a fine

I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

[Signature]
Company executive

Phone 360.867.6500

Date 1/30/2017

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 instructions, 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 other aspects of this data collection, contact: US Department of Labor, OSHA Office of Statistics, Room N-3644, 200 Constitution Avenue, NW, Washington, DC 20210. Do not send the completed form to this office.