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

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 Part 1904.35, in OSHA's record keeping rule, for further details on the access provisions for these forms.

Number of Case	S				
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		
0	0	0			
(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 Illnes	s Types				
Total number of (M)					
(1) Injuries	0	(4) Poisonings	0		
(2) Skin disorders	0	(5) Hearing loss of	cases 0		
(3) Respiratory con	ditions 0	(6) All other illnes	ises 1		

Year 2020

U.S. Department of Labor Occupational Safety and Health Administration

Establishment	King County Safety and Claims					
Location	1600-HUMAN RESOURCES					
Address						
City State						
Industry descripti Local Governmer	on (e.g. Manufacture of motor truck trailers): ht					
Standard Industrial Classification (SIC), if known (e.g. SIC 3715) 9199						
	<i>information</i> number of employees: 16,603					
Annual average r Total hours worke Sign here Knowingly falsif I certify that I hav	number of employees: 16,603					

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 aspect 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.

Summary of Work-Related Injuries and Illnesses

Grand Ic	tals							
Number of Cases		Injury and Illness Types	(1) Injuries	772	(4) Poisonings	0		
(G)0	(H) 562	(I) 65	(J) 241	(M)	(2) Skin disorders	1	(5) Hearing loss cases	7
Number of Days			(3) Respiratory conditions	15	(6) All other illnesses	73		
(K) 28873	(L) 941	.5						

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 aspect 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.

Printed: 1/26/2021 Page: 23

Year 2020

U.S. Department of Labor Occupational Safety and Health Administration