



U.S. Department of Labor

Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

Summary of Work-Related Injuries and Illnesses

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 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 1904.35, in OSHA's Recordkeeping rule, for further details on the access

Number o	f Cases					
Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restric		Total number of other recordable cases		
0	75	18		241		
(G)	(H)	(I)		(J)		
Number o	of Days					
Total number of days away from work		Total number of days job transfer or restrict				
1,103		2,348				
(K)		(L)	_			
Injury and	d Illness Types					
Total number of						
(M)						
(1) Injury	;	305 (-	4) Poisoning		3	
(2) Skin Disorder	_	1 (5) Hearing Loss		0	
(3) Respiratory Conditio	on	3 (6) All Other Illnesses		22	

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.

	. UW-MA	DISON			
Your establishment name	e UVV-IVIA	DISON			
Street	21 N PARK ST				
City MA	ADISON	State	WI	Zip	53715
Industry description	(e.g., Manufactur	e of motor truck tr	ailers)		
Standard Industrial C	Classification (SIC), if known		(e.g., SIC	3715)	
OR North American	Industrial Classification (NA	ICS), if known			(e.g., 336212)
—— – mployment inform					
iipioyiiieiit iiiioiii	iation				
Annual average num				34,	899
Annual average num					899
Annual average num	ber of employees				·
Annual average num Total hours worked b	ber of employees	in a fine.			·
Annual average num Total hours worked b gn here Knowingly falsifyin I certify that I ha	ber of employees by all employees last year			46,80	08,903
Annual average num Total hours worked b gn here Knowingly falsifyin I certify that I ha	ber of employees by all employees last year g this document may result we examined this document a	nd that to the best	of my kno	46,80	08,903
Annual average num Total hours worked b gn here Knowingly falsifyin I certify that I ha	ber of employees by all employees last year g this document may result we examined this document a ne, accurate and complete.	nd that to the best	of my kno	46,80	08,903