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

Number of Cases

Summary of Work-Related Injuries and Illnesses





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 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

Total number of deaths	Total number of cases with days away from work	with days cases with job other recordable	
0	1	0	9
(G)	(H)	(1)	(J)
Number o	of Days		
Total number of days way from work		Total number of days of job transfer or restriction	
1		34	
(K)		(L)	
Injury and	l Illness Types		
Total number of (M)			
(1) Injury		9 (4) Poisoning	
(2) Skin Disorder		0 (5) Hearing L	oss
(3) Respiratory Conditio	n	0 (6) All Other	Illnesses

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.

Your establishment name	uw-c	GREEN BAY			
Street	2420 NICOLET DE	₹			
City GF	REEN BAY	State	WI	Zip	54311-7001 ———
Industry description	(e.g., Manufac	cture of motor truck t	railers)		
Standard Industrial C	Classification (SIC), if kno	own	(e.g., SIC	3715)	
OR North American	Industrial Classification (NAICS), if known			(e.g., 336212)
— —— nployment inform					
ipioyinent imom	nation				
Annual average num				1,	507
Annual average num					507 9,217
Annual average num	aber of employees				
Annual average num Total hours worked b	aber of employees	sult in a fine.			
Annual average num Total hours worked b gn here Knowingly falsifyin I certify that I ha	iber of employees by all employees last year	nt and that to the bes	t of my kn	1,55	9,217
Annual average num Total hours worked by In here Knowingly falsifyin I certify that I ha the entries are true Docusigne Listop	ober of employees by all employees last year ag this document may res ave examined this docume ue, accurate and complete	nt and that to the bes	·	1,55	9,217