



## Summary of Work-Related Injuries and Illnesses

Year \_\_\_\_\_

Per SPS 332.10, all Wisconsin public employers must complete and submit this summary form, or the equivalent OSHA 300A form, by March 1 of each year even if no work-related injuries or illnesses occurred during the year. Review your "Log of Work-Related Injuries and Illnesses" to verify that the information you provide is complete and accurate. Using the log, count the individual entries you made in each category. Then, write the totals below, making sure you've added the entries from each page of the log. If you had no cases, write "0". Please Print all answers.

### 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 other recordable cases:
_____	_____	_____	_____

### Number of Days

Total number of days away from work:	Total number of days of job transfer or restrictions:
_____	_____

### Injury and Illness Types

Total number of:	(1) Injuries	_____	(4) Poisonings	_____
	(2) Skin disorders	_____	(5) Hearing losses	_____
	(3) Respiratory conditions	_____	(6) All other illnesses	_____

### Establishment Information

Establishment name: \_\_\_\_\_

FEIN number: \_\_\_\_\_

Street address: \_\_\_\_\_

Mailing address (if different than street address): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

County: \_\_\_\_\_

### Employment Information

Annual average number of employees: \_\_\_\_\_

Total hours worked by employees last year: \_\_\_\_\_

### Contact Information

Employer contact name: \_\_\_\_\_

Title: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Date: \_\_\_\_\_

Work e-mail address: \_\_\_\_\_

Return this summary by March 1 of each calendar year to: Industry Services Division at the address above  
 or email [DspsSbHealthandSafetyTech@wi.gov](mailto:DspsSbHealthandSafetyTech@wi.gov) or fax to 608-283-7419