



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

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: Safety and Buildings Division at the address above or email DspsSbHealthandSafetyTech@wi.gov or fax to 608-283-7419