



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	Total number of cases with job other recordable transfer or restriction cases	
0	72	20	263
(G)	(H)	(1)	(J)
Number o	of Days		
Total number of days way from work		Total number of days of job transfer or restriction	
1,288		2,549	
(K)		(L)	
(K)	d Illness Types		
(1) Injury	3	33 (4) Poisoning	
(2) Skin Disorder		5 (5) Hearing Loss	

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	e UW-MA	UW-MADISON				
Street	21 N PARK ST					
City MA	ADISON	State	WI	Zip53	3715	
Industry description	(e.g., Manufactu	re of motor truck	trailers)			
Standard Industrial C	Classification (SIC), if know	n	(e.g., SIC 3	7715)		
OR North American	Industrial Classification (Na	AICS), if known		(e.ş	g., 336212)	
ployment inform	nation					
Annual average num	ber of employees			34,286	6	
	ber of employees			34,286 14,006,7		
Total hours worked b		t in a fine.				
Total hours worked by the here Knowingly falsifyin I certify that I ha	by all employees last year			14,006,7		
Total hours worked by In here Knowingly falsifyin I certify that I ha	by all employees last year g this document may resul we examined this document	and that to the be	st of my know	14,006,7	'84	