

# 2023 OSHA Logs

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- [Construction](#)
- [Land](#)
- [Management](#)

Summary of Work-Related Injuries and Illnesses

Note: You can type input into this form and save it. Because the forms in this recordkeeping package are "fillable/writable" PDF documents, you can type into the input form fields and then save your inputs using the free Adobe PDF Reader.

All establishments covered by Part 1904 must complete this Summary page, even if no work-related 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 Part 1904.35, in OSHA's recordkeeping rule, for further details on the access provisions for these forms.

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
0	2	0	1
(G)	(H)	(I)	(J)

Number of Days	
Total number of days away from work	Total number of days of job transfer or restriction
5	0
(K)	(L)

Injury and Illness Types			
Total number of . . . (M)			
(1) Injuries	3	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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 instructions, 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 other aspects of this data collection, contact: US Department of Labor, OSHA Office of Statistical Analysis, Room N-3644, 200 Constitution Avenue, NW, Washington, DC 20210. Do not send the completed forms to this office.

Establishment Information

Your establishment name S.C. Swiderski LLC

Street 401 Ranger St

City Mosinee State WI Zip 54455

Industry description (e.g., Manufacture of motor truck trailers) Property Management Company

North American Industrial Classification (NAICS), if known (e.g., 336212) 531110

Employment Information (If you don't have these figures, see the Worksheet on the next page to estimate.)

Annual average number of employees 69

Total hours worked by all employees last year 111,524.88

Sign here

Knowingly falsifying this document may result in a fine.

I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Company executive

715-693-9522

CEO

01/08/2024

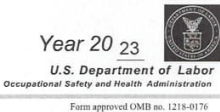
Reset

# Construction

OSHA's Form 300A (Rev. 04/2004)

## Summary of Work-Related Injuries and Illnesses

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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
0	2	1	1
(G)	(H)	(I)	(J)

Number of Days	
Total number of days away from work	Total number of days of job transfer or restriction
15	37
(K)	(L)

Injury and Illness Types			
Total number of . . . (M)			
(1) Injuries	4	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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Establishment information

Your establishment name

S.C. Swiderski Construction LLC

Street

401 Ranger St

City

Mosinee

State

WI

Zip

54455

Industry description (e.g., Manufacture of motor truck trailers)

Construction Company

North American Industrial Classification (NAICS), if known (e.g., 336212)

236116

Employment information (If you don't have these figures, see the Worksheet on the next page to estimate.)

Annual average number of employees

66

Total hours worked by all employees last year

129,136.53

Sign here

Knowingly falsifying this document may result in a fine.

I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Company executive

CEO

Phone

715-693-9522

Date

01/08/2024

Reset

# OSHA's Form 300A (Rev. 04/2004)

## Summary of Work-Related Injuries and Illnesses

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**Year 20** 23

**U.S. Department of Labor**  
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

**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
0	0	0	0
(G)	(H)	(I)	(J)

**Number of Days**

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

**Injury and Illness Types**

Total number of ...	
(M)	
(1) Injuries	0
(2) Skin disorders	0
(3) Respiratory conditions	0
(4) Poisonings	0
(5) Hearing loss	0
(6) All other illnesses	0

**Establishment information**  
Your establishment name S.C. Swiderski Land Company LLC  
Street 401 Ranger St  
City Mosinee State WI Zip 54455  
Industry description (e.g., *Manufacture of motor truck trailers*)  
Real Estate Brokerage  
North American Industrial Classification (NAICS), if known (e.g., 336212)  

2 3 7 2 1 0

**Employment information** (If you don't have these figures, see the Worksheet on the next page to estimate.)  
Annual average number of employees 2  
Total hours worked by all employees last year 3,131.66  
**Sign here**  
**Knowingly falsifying this document may result in a fine.**  
I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.  

Company executive  
Phone 715-693-9522

Title CEO  
Date 01/08/2024

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# Management

OSHA's Form 300A (Rev. 04/2004)

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Year 20 23

U.S. Department of Labor  
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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### 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
<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
(G)	(H)	(I)	(J)

### Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
<u>0</u>	<u>0</u>
(K)	(L)

### Injury and Illness Types

Total number of . . . (M)			
(1) Injuries	<u>0</u>	(4) Poisonings	<u>0</u>
(2) Skin disorders	<u>0</u>	(5) Hearing loss	<u>0</u>
(3) Respiratory conditions	<u>0</u>	(6) All other illnesses	<u>0</u>

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### Establishment information

Your establishment name S.C. Swiderski Management LLC

Street 401 Ranger St

City Mosinee State WI Zip 54455

Industry description (e.g., *Manufacture of motor truck trailers*)

### Corporate Operations

North American Industrial Classification (NAICS), if known (e.g., 336212)

531390

**Employment information** (If you don't have these figures, see the Worksheet on the next page to estimate.)

Annual average number of employees 33

Total hours worked by all employees last year 59,940.49

### Sign here

Knowingly falsifying this document may result in a fine.

I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

[Signature] Title CEO  
Company executive  
Phone 715-693-9522 Date 01/08/2023

Reset