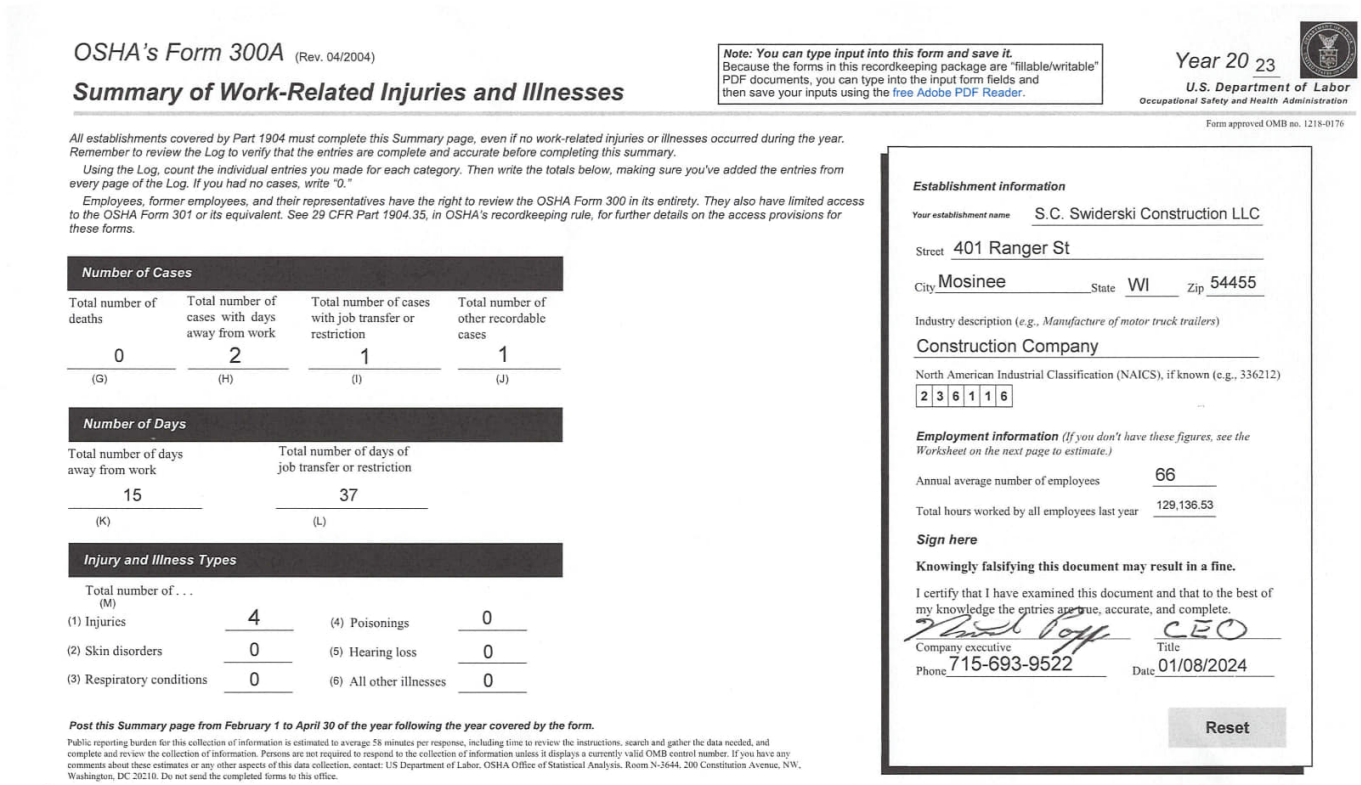
# Construction



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

**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.

Year 20 23

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 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 | 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 |

***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 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)

2 3 6 1 1 6

**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: [signature] Title: CEO

Phone: 715-693-9522 Date: 01/08/2024

Reset

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