

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 2015



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

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 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
<u>0</u>	<u>4</u>	<u>6</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>30</u>	<u>365</u>
(K)	(L)

Injury and Illness Types

Total number of...			
(M)			
(1) Injury	<u>10</u>	(4) Poisoning	<u>0</u>
(2) Skin Disorder	<u>0</u>	(5) Hearing Loss	<u>0</u>
(3) Respiratory Condition	<u>0</u>	(6) All Other Illnesses	<u>1</u>

Post this Summary page from February 1 to April 30 of the year following the year covered by the form

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Establishment Information

Your establishment name Wheaton Park District - Arrowhead Restaurant/Banquet/Kitchen

Street 26W151 Butterfield

City Wheaton State IL Zip 60189

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

Restaurant and Banquet Facility

Standard Industrial Classification (SIC), if known (e.g., SIC 3715)

5 8 1 2

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

Employment Information

Annual average number of employees 161

Total hours worked by all employees last year 84960

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

630-665-4710

Phone

Executive Director

Title

2/1/16
Date

Log of Work-Related Injuries and Illnesses



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

Form approved OMB no. 1218-0176

Establishment name Wheaton Park District-AGC Golf/Banquet/Restaurant

City Wheaton State Illinois

Identify the person						Classify the case												
(A) Case No.	(B) Employee's Name	(C) Job Title (e.g., Welder)	(D) Date of injury or onset of illness (mo./day)	(E) Where the event occurred (e.g. Loading dock north end)	(F) Describe injury or illness, parts of body affected, and object/substance that directly injured or made person ill (e.g. Second degree burns on right forearm from acetylene torch)	CHECK ONLY ONE box for each case based on the most serious outcome for that case:				Enter the number of days the injured or ill worker was:		Check the "injury" column or choose one type of illness:						
						Death	Days away from work	Remained at work		Away From Work (days)	On job transfer or restriction (days)	(M) Injury	Skin Disorder	Respiratory Condition	Poisoning	Hearing Loss	All other illnesses	
						(G)	(H)	Job transfer or restriction (I)	Other recordable cases (J)	(K)	(L)	(1)	(2)	(3)	(4)	(5)	(6)	
47075	Abraham, Steven Z	Dishwasher	11/9	AGC-Kitchen	Burned left forearm moving hot cooking pans		x			15		x						
	Dettmann, Melissa	Line cook	6/11	AGC-Kitchen	While cutting green onions, cut left thumb knuckle			x				x						
45839	Gathman, Laura	Line cook	4/14	AGC-Kitchen	While cutting artichoke bottoms, employee's knife slipped and cut left hand thumb			x			30	x						
45929	Hay, Kevin	Sous Chef	5/7	AGC-Kitchen	While opening a can with manual can open, felt pain in right shoulder			x			4	x						
45404	Pirhofer, Alan	Executive Chef	1/9	AGC-Cooler	While moving a 24 qt container of sauce off a shelf in the walk in cooler, turned and felt a pain in his lower back			X			293	x						
47124	Pirhofer, Alan	Executive Chef	11/21	AGC-parking lot	Slipped on ice walking to car in parking lot and injured back							x						
46305	Quinn, Tim	Line Cook	7/7	AGC-Kitchen	While cutting pancetta the knife cut hi sleft thumb		x				3	x						
45957	Talbot, David	Dishwasher	5/16	AGC	Taking out garbage there was broken glass in bag and he cut his right elbow			x			15	x						
46236	Talbot, Luke	Busser	6/27	AGC-Rest	Cut finger picking up broken glass		x			11		x						
47280	Leung, Richie	Dishwasher	12/22	AGC-Kitchen	Cut finger cutting potatoes			x			20	x						
	Pauley, Ben	Dishwasher	3/1	AGC-Kitchen	Nausea from using dish cleaning chemicals		x			4							x	
Page totals						0	4	6	0	30	365	10	0	0	0	0	1	

Be sure to transfer these totals to the Summary page (Form 300A) before you post it.

Injury	Skin Disorder	Respiratory Condition	Poisoning	Hearing Loss	All other illnesses
(1)	(2)	(3)	(4)	(5)	(6)

OSHA's Form 300A (Rev. 01/2004)

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Year 2015



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

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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>1</u>	<u>1</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>2</u>	<u>4</u>
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injury	<u>3</u>	(4) Poisoning	<u>0</u>
(2) Skin Disorder	<u>0</u>	(5) Hearing Loss	<u>0</u>
(3) Respiratory Condition	<u>0</u>	(6) All Other Illnesses	<u>0</u>

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Establishment Information

Your establishment name Wheaton Park District - Cosley Zoo

Street 1356 N. Gary

City Wheaton State IL Zip 60187

Industry description (e.g., Manufacture of motor truck trailers)
Parks and Recreation Facilities

Standard Industrial Classification (SIC), if known (e.g., SIC 3715)

8 4 2 2

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

Employment Information


Annual average number of employees 33

Total hours worked by all employees last year 30882

Sign here

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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

630-685-4710
Phone

Executive Director

2/1/16
Date

Log of Work-Related Injuries and Illnesses

Year 2015



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

Form approved OMB no. 1218-0176

Establishment name Wheaton Park District-Cosley Zoo

City	Wheaton	State	Illinois
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[illegible]

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Page 1 of 1

Injury	Skin Disorder	Respiratory Condition	Poisoning	Hearing Loss	All other illnesses
(1)	(2)	(3)	(4)	(5)	(6)

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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) Injury	<u>0</u>	(4) Poisoning	<u>0</u>
(2) Skin Disorder	<u>0</u>	(5) Hearing Loss	<u>0</u>
(3) Respiratory Condition	<u>0</u>	(6) All Other Illnesses	<u>0</u>

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Establishment Information

Your establishment name Wheaton Park District - Toohey - Safety City

Street 1900 Orchard Road

City Wheaton State IL Zip 60189

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

Standard Industrial Classification (SIC), if known (e.g., SIC 3715)

9 5 1 2

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

Employment Information

Annual average number of employees 6

Total hours worked by all employees last year 4707

Sign here

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Company executive

630-665-4710

Phone

Executive Director

Title

2/1/16
Date

Log of Work-Related Injuries and Illnesses

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

Form approved OMB no. 1218-0176

City Wheaton State Illinois

Be sure to transfer these totals to the Summary page (Form 300A) before you post it.

Injury	Skin Disorder	Respiratory Condition	Poisoning	Hearing Loss	All other illnesses
(1)	(2)	(3)	(4)	(5)	(6)

OSHA's Form 300A (Rev. 01/2004)

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Occupational Safety and Health Administration

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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) Injury	<u>0</u>	(4) Poisoning	<u>0</u>
(2) Skin Disorder	<u>0</u>	(5) Hearing Loss	<u>0</u>
(3) Respiratory Condition	<u>0</u>	(6) All Other Illnesses	<u>0</u>

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Establishment Information

Your establishment name Wheaton Park District - Prairie

Street 855 W Prairie

City Wheaton State IL Zip 60187

Industry description (e.g., Manufacture of motor truck trailers)
Parks and Recreation Facilities

Standard Industrial Classification (SIC), if known (e.g., SIC 3715)

9 5 1 2

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

Employment Information

Annual average number of employees 19

Total hours worked by all employees last year 13473.26

Sign here

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Company executive

630-685-4710

Phone

Executive Director

Title

2/1/16

Date

Log of Work-Related Injuries and Illnesses

Year 2015

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



Form approved OMB no. 1218-0176

City Wheaton State Illinois

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Page 1 of 1

Injury	Skin Disorder	Respiratory Condition	Poisoning	Hearing Loss	All other illnesses
(1)	(2)	(3)	(4)	(5)	(6)

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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) Injury	<u>1</u>	(4) Poisoning	<u>0</u>
(2) Skin Disorder	<u>0</u>	(5) Hearing Loss	<u>0</u>
(3) Respiratory Condition	<u>0</u>	(6) All Other Illnesses	<u>0</u>

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Establishment Information

Your establishment name Wheaton Park District - Rice and Northside PoolsStreet 1777 S Blanchard RoadCity Wheaton State IL Zip 60189Industry description (e.g., Manufacture of motor truck trailers)
Parks and Recreation Facilities

Standard Industrial Classification (SIC), if known (e.g., SIC 3715)

9 5 1 2

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

Employment Information

Annual average number of employees 17Total hours worked by all employees last year 13423

Sign here

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



Company executive630-665-4710
PhoneExecutive Director
Title12/1/16
Date

Log of Work-Related Injuries and Illnesses

Form approved OMB no. 1218-0176

City Wheaton State Illinois

Identify the person				Describe the case		Classify the case				Enter the number of days the injured or ill worker was:		Check the "injury" column or choose one type of illness:					
(A) Case No.	(B) Employee's Name	(C) Job Title (e.g., Welder)	(D) Date of injury or onset of illness (mo./day)	(E) Where the event occurred (e.g. Loading dock north end)	(F) Describe injury or illness, parts of body affected, and object/substance that directly injured or made person ill (e.g. Second degree burns on right forearm from acetylene torch)	CHECK ONLY ONE box for each case based on the most serious outcome for that case:						(M)					
						Death	Days away from work	Remained at work		Away From Work (days)	On job transfer or restriction (days)	Injury	Skin Disorder	Respiratory Condition	Poisoning	Hearing Loss	All other illnesses
						(G)	(H)	Job transfer or restriction (I)	Other recordable cases (J)	(K)	(L)	(1)	(2)	(3)	(4)	(5)	(6)
	Fister, Emerson	Lifeguard	8/15	Rice Pool	Going down Tornado slide and broke clavicle							x					
Page totals						0	0	0	0	0	0	1	0	0	0	0	0

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OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 2015



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>1</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>3</u>
(K)	(L)

Injury and Illness Types

Total number of...			
(M)			
(1) Injury	<u>3</u>	(4) Poisoning	<u>0</u>
(2) Skin Disorder	<u>0</u>	(5) Hearing Loss	<u>0</u>
(3) Respiratory Condition	<u>0</u>	(6) All Other Illnesses	<u>0</u>

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Establishment Information

Your establishment name Wheaton Park District - Park Services

Street 1000 Manchester

City Wheaton State IL Zip 60187

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

Parks and Recreation Facilities

Standard Industrial Classification (SIC), if known (e.g., SIC 3715)

8 4 2 2

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

Employment Information

Annual average number of employees 45

58100.03

Total hours worked by all employees last year 58100

Sign here

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

[Signature]
Company Executive

630-665-4710

Phone

Executive Director

Title

2/1/16

Date

Log of Work-Related Injuries and Illnesses

Year 2015

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



Form approved OMB no. 1218-0176

City Wheaton State Illinois

Identify the person						Describe the case		Classify the case										
(A) Case No.	(B) Employee's Name	(C) Job Title (e.g., Welder)	(D) Date of injury or onset of illness (mo./day)	(E) Where the event occurred (e.g. Loading dock north end)	(F) Describe injury or illness, parts of body affected, and object/substance that directly injured or made person ill (e.g. Second degree burns on right forearm from acetylene torch)	CHECK ONLY ONE box for each case based on the most serious outcome for that case:				Enter the number of days the injured or ill worker was:		Check the "injury" column or choose one type of illness:						
						Death	Days away from work	Remained at work		Away From Work (days)	On job transfer or restriction (days)	(M) Injury	Skin Disorder	Respiratory Condition	Poisoning	Hearing Loss	All other illnesses	
								Job transfer or restriction	Other recordable cases			(1)	(2)	(3)	(4)	(5)	(6)	
						(G)	(H)	(I)	(J)	(K)	(L)							
46566	Dickerson, Richard	Gen Grounds	7/31	Northside Park	Twisted knee while shoveling sand							x						
45569	Flynn, Kevin	Maintenance	2/5	Briar Patch Park	Pulled his wrist while trying to open a fire hydrant			x			3	x						
46044	Hickey, James	Maintenance	5/26	Seven Gables Park	Log rolled on leg							x						
Page totals						0	0	1	0	0	3	3	0	0	0	0	0	

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Page 1 of 1

Injury	Skin Disorder	Respiratory Condition	Poisoning	Hearing Loss	All other illnesses
(1)	(2)	(3)	(4)	(5)	(6)

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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) Injury	<u>0</u>	(4) Poisoning	<u>0</u>
(2) Skin Disorder	<u>0</u>	(5) Hearing Loss	<u>0</u>
(3) Respiratory Condition	<u>0</u>	(6) All Other Illnesses	<u>0</u>

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Establishment Information

Your establishment name Wheaton Park District - Dupage County Historical Museum

Street 102 E. Wesley St

City Wheaton State IL Zip 60187

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

Parks and Recreation Facilities

Standard Industrial Classification (SIC), if known (e.g., SIC 3715)

8 4 1 2

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

Employment Information

Annual average number of employees 8

Total hours worked by all employees last year 4926

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]
Company executive

630-665-4710
Phone

Executive Director
Title

2/1/16
Date

Log of Work-Related Injuries and Illnesses

Year 2015

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

The logo of the U.S. Department of Labor, featuring a stylized diamond shape composed of concentric lines with a five-pointed star in the center.

Form approved OMB no. 1218-0176

City Wheaton State Illinois

[illegible]

Be sure to transfer these totals to the Summary page (Form 300A) before you post it.

Page 1 of 1

(1)	(2)	(3)	(4)	(5)	(6)
Injury	Skin Disorder	Respiratory Condition	Poisoning	Hearing Loss	All other illnesses

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 2015



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) Injury	<u>0</u>	(4) Poisoning	<u>0</u>
(2) Skin Disorder	<u>0</u>	(5) Hearing Loss	<u>0</u>
(3) Respiratory Condition	<u>0</u>	(6) All Other Illnesses	<u>0</u>

Post this Summary page from February 1 to April 30 of the year following the year covered by the form

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Establishment Information

Your establishment name Wheaton Park District - Lincoln Marsh

Street 1010 Madison

City Wheaton State IL Zip 60187

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

Parks and Recreation Facilities

Standard Industrial Classification (SIC), if known (e.g., SIC 3715)

8 4 2 2

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

Employment Information

Annual average number of employees 23

Total hours worked by all employees last year 13488

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]
Company executive

630-665-4710
Phone

Executive Director
Title

[Signature]
Date

Log of Work-Related Injuries and Illnesses

Year 2015

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

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Form approved OMB no. 1218-0176

City Wheaton State Illinois

[illegible]

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OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 2015



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) Injury	<u>0</u>	(4) Poisoning	<u>0</u>
(2) Skin Disorder	<u>0</u>	(5) Hearing Loss	<u>0</u>
(3) Respiratory Condition	<u>0</u>	(6) All Other Illnesses	<u>0</u>

Post this Summary page from February 1 to April 30 of the year following the year covered by the form

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Establishment information

Your establishment name Wheaton Park District - Leisure Center

Street 208 W. Union Avenue

City Wheaton State IL Zip 60187

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

Standard Industrial Classification (SIC), if known (e.g., SIC 3715)

9 5 1 2

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

Employment information

Annual average number of employees 15

Total hours worked by all employees last year 6719

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

630-665-4710

Phone

Executive Director
Title

2/1/16
Date

Log of Work-Related Injuries and Illnesses

Year 2015



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

Form approved OMB no. 1218-0176

Establishment name Wheaton Park District-Leisure Center

City Wheaton State Illinois

[illegible]

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Page 1 of 1

(1)	(2)	(3)	(4)	(5)	(6)
Injury	Skin Disorder	Respiratory Condition	Poisoning	Hearing Loss	All other illnesses

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 2015

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

Form approved OMB no. 1218-0178

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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	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) Injury	1	(4) Poisoning	0
(2) Skin Disorder	0	(5) Hearing Loss	0
(3) Respiratory Condition	0	(6) All Other Illnesses	0

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Establishment Information

Your establishment name Wheaton Park District - Arrowhead Golf Maintenance

Street 26W151 Butterfield Road

City Wheaton State IL Zip 60189

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

Standard Industrial Classification (SIC), if known (e.g., SIC 3715)

5 8 1 2

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

Employment Information

Annual average number of employees 17

Total hours worked by all employees last year 18401

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

 630-665-4710
Phone

 Executive Director
Title

 2/1/16
Date

Log of Work-Related Injuries and Illnesses

Year 2015

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

Form approved OMB no. 1218-0176

City Wheaton State Illinois

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Page 1 of 1

(1)	(2)	(3)	(4)	(5)	(6)
-----	-----	-----	-----	-----	-----

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 2015

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

Form approved OMB no. 1218-0178

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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	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) Injury	0	(4) Poisoning	0
(2) Skin Disorder	0	(5) Hearing Loss	0
(3) Respiratory Condition	0	(6) All Other Illnesses	0

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Establishment Information

Your establishment name Wheaton Park District - Clocktower Commons

Street 100 N Naperville Road

City Wheaton State IL Zip 60187

Industry description (e.g., Manufacture of motor truck trailers)
Parks and Recreation Facilities

Standard Industrial Classification (SIC), if known (e.g., SIC 3715)
9 5 1 2

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

Employment Information

Annual average number of employees 2

Total hours worked by all employees last year 1599

Sign here

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Company executive

630-665-4710

Phone

Executive Director

Title
2/1/16

Date

Log of Work-Related Injuries and Illnesses

Year 2015



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

Form approved OMB no. 1218-0176

Establishment name Wheaton Park District-Clocktower

City Wheaton State Illinois

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Page 1 of 1

(1)	Injury
(2)	Skin Disorder
(3)	Respiratory Condition
(4)	Poisoning
(5)	Hearing Loss
(6)	All other illnesses

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 2015



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) Injury	<u>0</u>	(4) Poisoning	<u>0</u>
(2) Skin Disorder	<u>0</u>	(5) Hearing Loss	<u>0</u>
(3) Respiratory Condition	<u>0</u>	(6) All Other Illnesses	<u>0</u>

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Establishment Information

Your establishment name Wheaton Park District - Central Athletic Center

Street 500 S Naperville Road

City Wheaton State IL Zip 60187

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

Parks and Recreation Facilities

Standard Industrial Classification (SIC), if known (e.g., SIC 3715)

9 5 1 2

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

Employment Information

Annual average number of employees 3

Total hours worked by all employees last year 1968

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

630-685-4710

Phone

Executive Director
Title

2/1/16

Date

Log of Work-Related Injuries and Illnesses

Year 2015

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

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Form approved OMB no. 1218-0176

City Wheaton State Illinois

[illegible]

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Page 1 of 1

Injury	Skin Disorder	Respiratory Condition	Poisoning	Hearing Loss	All other illnesses
(1)	(2)	(3)	(4)	(5)	(6)

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 2015



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Occupational Safety and Health Administration

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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>1</u>	<u>1</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>2</u>	<u>1</u>
(K)	(L)

Injury and Illness Types

Total number of...			
(M)			
(1) Injury	<u>2</u>	(4) Poisoning	<u>0</u>
(2) Skin Disorder	<u>0</u>	(5) Hearing Loss	<u>0</u>
(3) Respiratory Condition	<u>0</u>	(6) All Other Illnesses	<u>0</u>

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Establishment Information

Your establishment name Wheaton Park District - Community Center

Street 1777 S. Blanchard Road

City Wheaton State IL Zip 60187

Industry description (e.g., Manufacture of motor truck trailers)
Parks and Recreation Facilities

Standard Industrial Classification (SIC), if known (e.g., SIC 3715)

9 5 1 2

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

Employment Information

Annual average number of employees 204

Total hours worked by all employees last year 121616

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

630-665-4710

Phone

Executive Director
Title

2/1/16
Date

Log of Work-Related Injuries and Illnesses

Year 2015

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



Form approved OMB no. 1218-0176

City Wheaton State Illinois

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Page 1 of 1

Injury	Skin Disorder	Respiratory Condition	Poisoning	Hearing Loss	All other illnesses
(1)	(2)	(3)	(4)	(5)	(6)