

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 0 (G)	Total number of cases with days away from work 4 (H)	Total number of cases with job transfer or restriction 6	Total number of other recordable cases 0 (J)				
Number of Days							
Total number of days away from		Total number of days of job transfer or restriction					
30 (K)	_	365 (L)	_				
		(∟)	No.				
Injury and Illness 1	ypes	A Thomas					
Total number of (M)							
(1) Injury	10	(4) Poisoning	0				
(2) Skin Disorder (3) Respiratory	0	(5) Hearing Loss0					
Condition	0	(6) All Other Illnesses1					

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 Whea	ton Park District - Arrowhead R	estaurant/Banquet/Kitcher	1
Street 26W151 Butterfield			
City Wheaton	State	IL	Zip60189
Industry description (e.g., Manufac Restaurant and Banquet F			
Standard Industrial Classification (SIC), if known (e.g., SIC 3715)		
<u> </u>			
OR North American Industrial Classific	ation (NAICS), if known (e.g., 3	36212)	
mployment information			
Annual average number of employ	rees 161		
Total hours worked by all employe			
year	84960		
lgn here			
Knowingly foldifying this docum	ant may moult in a fina		
Knowingly falsifying this docum	ent may result in a fine.		
I certify that I have examined this	document and that to the hest of	f my knowledge the entrie	s are true accurate and
complete.		· · · · · · · · · · · · · · · · · · ·	
M. S.			
1-/1-			Executive Director
Company executive			Title
200 205 1712			21.1.6
630-665-4710			

Log of Work-Related Injuries and Illnesses

Attention: This form contains information relating to employee health and must be used in a manner that protects the confidentiality of employees to the extent possible while the information is being used for occupational safety and health purposes.



U.S. Department of Labor

Occupational Safety and Health Administration

You must record information about every work-related injury or illness that involves loss of consciousness, restricted work activity or job transfer, days away from work, or medical treatment Form approved OMB no. 1218-0176 beyond first aid. You must also record significant work-related injuries and illnesses that are diagnosed by a physician or licensed health care professional. You must also record work-related injuries and illnesses that meet any of the specific recording criteria listed in 29 CFR 1904.8 through 1904.12. Feel free to use two lines for a single case if you need to. You must complete an Wheaton Park District-AGC Golf/Banquet/Restaurant Establishment name intury and illness incident report (OSHA Form 301) or equivalent form for each injury or illness recorded on this form. If you're not sure whether a case is recordable, call your local OSHA office

for help. City Wheaton State Illinois Identify the person Describe the case Classify the case Enter the number of (C) (D) (E) (A) (F) CHECK ONLY ONE box for each case based on days the injured or ill Check the "injury" column or choose one type Case Employee's Name Job Title (e.g. Date of Where the event occurred (e.g. Describe injury or illness, parts of body affected, the most serious outcome for that case: worker was: of illness: No. Welder) injury or Loading dock north end) and object/substance that directly injured or other illnesses onset of made person ill (e.g. Second degree burns on On job illness right forearm from acetylene torch) Days away Away Remained at work transfer or (mo./day) from work From restriction Work Injury Job transfer Other record-(days) (days) or restriction able cases (3) (G) (H) (K) (L) (1) (2) 11/9 AGC-Kitchen Burned left forearm moving hot cooking pans 47075 Abraham, Steven Z Dishwasher 15 While cutting green onions, cut left thumb knuckle AGC-Kitchen Dettmann, Melissa Line cook While cutting artichoke bottoms, employee's knife 45839 Gathman, Laura Line cook AGC-Kitchen slipped and cut left hand thumb 30 While opening a can with manual can open, felt 45929 Sous Chef AGC-Kitchen Hay, Kevin pain in right shoulder While moving a 24 qt container of sauce off a shelf in the walk in cooler, turned and felt a pain 45404 Pirhofer, Alan Executive Chef 1/9 AGC-Cooler in his lower back 293 Slipped on ice walking to car in parking lot and Executive Chef 11/21 Pirhofer, Alan AGC-parking lot injured back 46305 Quinn, Tim Line Cook AGC-Kitchen While cutting pancetta the knife cut hi sleft thumb 3 x Taking out garbage there was broken glass in 45957 Talbot, David Dishwasher 5/16 AGC bag and he cut his right elbow 15 46236 Talbot, Luke AGC-Rest Busser 6/27 Cut finger picking up broken glass х 11 х 47280 Leung, Richie Cut finger cutting potatoes Dishwasher 12/22 AGC-Kitchen 20 Pauley, Ben Dishwasher AGC-Kitchen Nausea from using dish cleaning chemicals х 4 x Page totals 10 Be sure to transfer these totals to the Summary page (Form 300A) before you post it.

Public reporting burden for this collection of information is estimated to average 14 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.

Injury Poisoning Skin Disorder (3) (4)

Page

1 of 1

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

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 Record

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				
(G)	- 1 (H)	1	0				
(G)	(11)	(1)	(J)				
Number of Days							
Total number of days away from work		Total number of days of job transfer or restriction					
2		4					
(K)	-	(L)	•				
injury and Iliness 1	урев						
Total number of (M)							
(1) Injury	3	(4) Poisoning	0				
(2) Skin Disorder (3) Respiratory	0	(5) Hearing Loss 0					
Condition	0	0 (6) All Other Illnesses 0					

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et.	ablishment information
su	adiishment 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
)R	North American Industrial Classification (NAICS), if known (e.g., 336212)
	
m	ployment information
	Annual average number of employees 33
	Total hours worked by all employees last year 30882
	•
ig	n here
	Knowingly falsifying this document may result in a fine.
	I certify that have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.
	Miles Provide Provide
	Company executive Executive Title
	2/1/1/2
	630-665-4710 Phone Date

Log of Work-Related Injuries and Illnesses

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.

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Page

Year	2015	
U.S. De	partmen	t of Labor
Occupational S	afety and He	alth Administration

(3) (4)

(5)

You must record information about every work-related injury or lithess that involves loss of consciousness, restricted work activity or job transfer, days away from work, or medical treatment beyond first aid. You must also record significant work-related injuries and illnesses that are diagnosed by a physician or licensed health care professional. You must also record work-related injuries and

illnesses that meet any of the specific recording criteria listed in 29 CFR 1904.8 through 1904.12. Feel free to use two lines for a single case if you need to. You must complete an injury and illness

Form approved OMB no. 1218-0176

Establishment name Wheaton Park District-Cosley Zoo incident report (OSHA Form 301) or equivalent form for each injury or illness recorded on this form. If you're not sure whether a case is recordable, call your local OSHA office for help. Wheaton State Classify the case Identify the person Describe the case Enter the number of CHECK ONLY ONEbox for each case based on days the injured or ill Check the "injury" column or choose one type Case No. Employee's Name Job Title (e.g. Date of Where the event occurred (e.g. Describe injury or illness, parts of body affected the most serious outcome for that case: worker was: of illness: Welder) injury or Loading dock north end) and object/substance that directly injured or onset of made person ill (e.g. Second degree burns on On job right forearm from acetylene torch) illness Days away Away Remained at work transfer or (mo./day) From restriction Work Job transfer Other record-(days) (days) or restriction able cases (1) (2) (3) (4) (5) (G) (K) (L) (H) Animal Collection While restraining a turkey vulture, vulture turned his head and bit her on the upper left lip 45870 Dosch, Angie Supervisor Cosley Zoo-Animal pen 2 Stepping down from a rock formation and her 46009 Theuman, Jenny Zookeeper Bobcat exhibit ankle gave way and she fell; sprain X Animal Collection Supervisor 12/30 Zoo-Clinic Owl's talon punctured finger during vet exam Dosch, Angie Page totals 0 Be sure to transfer these totals to the Summary page (Form 300A) before you post it. Skin Disorder Public reporting burden for this collection of information is estimated to average 14 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



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			
(G)	(H)	(1)	(J)			
Number of Days						
Total number of days away from		Total number of days of job transfer or restriction				
0 (K)	-	0 (L)	-			
injury and lilness T	ypes	- Check				
Total number of						
(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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		ton Park District – Toohey - Safe	77	
Street	1900 Orchard Road			
City	Wheaton	State	IL	Zip60189
Indust	ry description (e.g., Manufac Parks and Recreation	cture of motor truck trailers)		
Stand		SIC), if known (e.g., SIC 3715)		
N-4L	9 5 1		2040)	
North	Amencan Industrial Classino	ation (NAICS), if known (e.g., 33	5212)	
				
ploym	ent information			
Annua	il average number of employ	rees6		
Total i	nours worked by all employe	es last		
year		4707		
n here				
Know	ingly falsifying this docum	ant may moult in a fine		
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compl		2000 Helit and that to the pest of	illy kilowiedge the entitle	s are true, accurate, and
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1	1/3	\sim		Executive Director
	Company executive	9		Title
				21/11
	630-665-4710 Phone			Date

Log of Work-Related Injuries and Illnesses

Attention: This form contains information relating to employee health and must be used in a manner that protects the confidentiality of employees to the extent possible while the information is being used for occupational safety and health purposes.

Year 2015

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

beyond first aid. You must also record significant work-related injuries and illnesses that are diagnosed by a physician or licensed health care professional. You must also record work-related injuries and illnesses that meet any of the specific recording criteria listed in 29 CFR 1904.8 through 1904.12. Feel free to use two lines for a single case if you need to. You must complete an injury and illness incident report (OSHA Form 301) or equivalent form for each injury or illness recorded on this form. If you're not sure whether a case is recordable, call your local OSHA office Establishment name							W	neaton Par					ety City				
for help.								City	Wheaton			State			Illinoi	is	
	dentify the person			Describe the	case	Class	ify the case	2.4 后接线					100		A199	1800	
(A) (B) (C) (D) (E) Case Employee's Name Job Title (e.g., Date of Where the event occurred				(F) Describe injury or illness, parts of body affected, and object/substance that directly injured or	CHECK	ONLY ONE	box for each come for that c		Enter the nu days the inju worker was	ured or ill				hoose or	ne type		
		,	onset of illness (mo./day)		made person ill (e.g. Second degree burns on right forearm from acetylene torch)	Death (G)	Days away from work	Rémain Job transfer or restriction (I)	Other recordable cases	Away From Work (days)	On job transfer or restriction (days)	(M) Aniu (1)	(S) Skin Disorder	Respiratory © Condition	(4) Poisoning	G Hearing Loss	—
	V 40 83		 	· · · · · · · · · · · · · · · · · · ·		(6)	(11)	(1)	(3)	(14)	(-)	(1)	(2)	(3)	(-/-	(3)	(0)
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review the is are not requ have any co Office of Sta	nstruction, search and gather the dat uired to respond to the collection of in omments about these estimates or ar	a needed, and compl formation unless it di ny aspects of this data	lete and review splays a curre a collection, co	ninutes per response, including time to the collection of information. Persons ritly valid OMB control number. If you ntact. US Department of Labor, OSHA 0. Do not send the completed forms to	Be sure to transfer these totals	to the	Summary	page (Form	300A) before	you post	it.	Anjul (1)	Skin Disorder	Respiratory Condition	Boisoning (4)	(G) Hearing Loss	(g) All other illnesses
this office.									ı aye	. 01 1		(1)	(4)	(5)	(*)	(5)	(0)



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

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Form approved OMB no. 1218-0176

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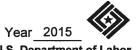
Number of Gases						
Total number of deaths 0 (G)	Total number of cases with days away from work 0 (H)	Total number of cases with job transfer or restriction 0	Total number of other recordable cases (J)			
Number of Days		1				
Total number of days away from work		Total number of days of job transfer or restriction				
0 (K)	-	0 (L)	-			
Injury and Illness 1	ypes					
Total number of						
(1) Injury (2) Skin Disorder (3) Respiratory	0	(4) Poisoning (5) Hearing Loss	0 0			
Condition	0	(6) All Other Illnesses 0				

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stablishment information	1		
ompholinion information			
Your establishment name	Wheaton Park District - Prairie		
Street 855 W Prairie			
City Wheaton	State	IL	Zip <u>60187</u>
Industry description (e.g., Ma Parks and Recreation	nufacture of motor truck trailers) n Facilities		
Standard Industrial Classifica	tion (SIC), if known (e.g., SIC 371	5)	
9 5 1		000040)	
R North American Industrial Cl	ssification (NAICS), if known (e.g.	, 336212)	
mployment information			
Annual average number of e	mployees19		
Total hours worked by all em			
year	13473.26		
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Knowingly falsifying this d	ocument may result in a fine.		
	•		
I certify that I have examined complete.	this document and that to the bes	t of my knowledge the entri	es are true, accurate, and
21			
Company ex	Cutive		Executive Director
Company ext	occure .		2/11/
630-665-4			-116
Phone			Date

Attention: This form contains information relating to employee health and must be used in a manner that protects the confidentiality of employees to the extent possible while the information is being used for occupational safety and health purposes.



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

					activity or job transfer, days away from work, or medical tre d health care professional. You must also record work-relat							Fo	rm app	roved C)MB no.	1218-01	76
illnesses that n	meet any of the specific recording	criteria listed in 29	CFR 1904.8 th	arough 1904.12. Feel free to use two lin	es for a single case if you need to. You must complete an i ure whether a case is recordable, call your local OSHA offic	injury and		Establishm	ent name		Whe	aton Pa	rk Dis	strict-P	rairie		
								City	Wheaton			State			Illinoi	s	
Iric	entify the person	WILL STREET		Describe the	CDRG	Class	ify the case	No. 50 CARDINE T		Large Co.	HOW TO BE	VIII STATE	1783	177	C 40 (6)	5505	
COCKED PARTON	atury the person		ESPECIAL PROPERTY.	Doubling the		I	Di la Colonia	A RECEIPTED			DESCRIPTION OF THE PARTY OF THE	STORT WAL	100000	SHARE	Sec Lyadan	COLUMN NAME OF THE PARTY OF THE	Service Service
(A) Case No.	(B) Employee's Name	(C) Job Title (e.g.,	(D) Date of	(E) Where the event occurred (e.g.	(F) Describe injury or illness, parts of body affected			box for each o		Enter the no days the inj worker was	ured or ill	Check	the "inj		lumn or o	choose o	ne type
Oubo No.	Linployees Hame	Welder)	injury or	Loading dock north end)	and object/substance that directly injured or	110 1110	31 3611003 00	COME IOI MAL	Jaso.	WORKER Was		Minute Will Bell	-	OI III	IROSS.	-	Carlo Scotlag
1		1	onset of		made person ill (e.g. Second degree burns on						On lab	(M)					898
			illness (mo./day)		right forearm from acetylene torch)	Death	Days away from work	Remain	ed at work	Away From	On job transfer or restriction		sorder	tory	ē	Loss	All other illness
									Other record- able cases	Work (days)	(days)	Injury	Skin Disorde	Respiratory Condition	Poisoning	Hearing Loss	All othe
ľ						(G)	(H)	(1)	(J)	(K)	(L)	(1)	(2)	(3)	(4)	[(5) [(6)
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					Be sure to transfer these totals	to the	Summanı	nago /Form	200A) boforo	vou poet i				> =			60
Public reporting	n humlan for this collection of infr	rmation is estimater	l to average 1	4 minutes per response, including time t		s to the	Summary	page (Form	souA) belole	you post i	L.	Injury	Skin Disorder	Respiratory Condition	Poisoning	Hearing Loss	All other illnesses
review the instr	ruction, search and gather the da	rta needed, and com	plete and revi	ew the collection of information. Person rently valid OMB control number. If you	s								Skin	Res O	ď	Heari	other il
have any comm	ments about these estimates or a	my aspects of this d	ata collection,	contact: US Department of Labor, OSH 210. Do not send the completed forms	A												Ā
this office.			-0 -	• 5					Page	1 of 1		(1)	(2)	(3)	(4)	(5)	(6)

Summary of Work-Related Injuries and Illnesses



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

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Number of Cases			
Total number of deaths 0 (G)	Total number of cases with days away from work 0 (H)	Total number of cases with job transfer or restriction 0 (I)	Total number of other recordable cases 0 (J)
Number of Days			
Total number of days away from		Total number of days of job transfer or restriction	
0 ' (K)	_	O (L)	-
injury and lilness 1	ypes		
Total number of (M)			
(1) Injury (2) Skin Disorder	1 0	(4) Poisoning (5) Hearing Loss	0
(3) Respiratory Condition	0	(6) All Other Illnesses	0

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_		• • • • • • • • • • • • • • • • • • • •			
Esta	blishr	nent information			
	Your es	stablishment name Wheaton Park	District - Rice and Northsia	de Pools	
	Street	1777 S Blanchard Road			
	City	Wheaton	State	IL	Zip60189
	Industr	y description (e.g., Manufacture of n Parks and Recreation Facilities	notor truck trailers)		
	Standa	rd Industrial Classification (SIC), if kn	own (e.g., SIC 3715)		
		9 5 1 2			
)R	North /	American Industrial Classification (NA	ICS), if known (e.g., 33621	2)	
m	oloyme	ent information			
•	-				
	Annual	average number of employees	17		
	Total h	ours worked by all employees last			
	year		13423		
igı	ı here				
	Knowi	ngly falsifying this document may	recult in a fine		
	MIOWI	ngiy laishying ans document may	result in a line.		
	I certify	that I have examined this documen	t and that to the best of m	y knowledge the entries	s are true, accurate, and
	comple				
1	. ,				
- 1	\simeq	112	}		Executive Director
	1	Company executive			Title
		630-665-4710			12/1/6
		Phone			Date

Log of Work-Related Injuries and Illnesses

Attention: This form contains information relating to employee health and must be used in a manner that protects the confidentiality of employees to the extent possible while the information is being used for occupational safety and health purposes.

Establishment name



U.S. Department of Labor

Wheaton Park District-Rice & Northside Pools

Occupational Safety and Health Administration

You must record information about every work-related injury or illness that involves loss of consciousness, restricted work activity or job transfer, days away from work, or medical treatment beyond first aid. You must also record significant work-related injuries and illnesses that are diagnosed by a physician or licensed health care professional. You must also record work-related injuries and illnesses that meet any of the specific recording criteria listed in 29 CFR 1904.8 through 1904.12. Feel free to use two lines for a single case if you need to. You must complete an injury and illness incident report (OSHA Form 301) or equivalent form for each injury or illness recorded on this form. If you're not sure whether a case is recordable, call your local OSHA office for help.

Form approved OMB no. 1218-0176

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								City	Wheaton			State			Illinois	s	
d	entify the person			Describe the	C250	Class	fy the case	ST 50 50 1				A CONTRACTOR	881	SES	9888	B 35 28	A CAN
(A) Case No.	(B) Employee's Name	(C) Job Title (e.g., Welder)	(D) Date of injury or	(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	CHECK	ONLY ONE	box for each co		Enter the nu days the inj worker was	ured or ill	Check t	he "inju		mn or ch	oose on	e type o
			onset of illness (mo./day)		person ill (e.g. Second degree burns on right forearm from acetylene torch)	Death	Days away from work	Job transfer	Other recordable cases	Away From Work (days)	On job transfer or restriction (days)		Skin Disorder	Respiratory Condition	Poisoning	Hearing Loss	All other illnesse:
						(G)	(H)	(1)	(J)	(K)	(L)	(1)	(2)	(3)	(4)	(5)	(6)
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		,		and an annual control of and annual					Page	1 of 1		(1)	(2)	(3)	(4)	(5)	(6)



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."

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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
(G)	(H)	(1)	(1)
Number of Days			
Total number of days away from		Total number of days of job transfer or restriction	
0 (K)	=	3 (L)	_
(K)		(L)	STATES STATES AND STATES
Injury and Iliness T	ypes		
Total number of (M)			
(1) Injury	3	(4) Poisoning	0
(2) Skin Disorder (3) Respiratory	0	(5) Hearing Loss	00
Condition	0	(6) All Other Illnesses	0
	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 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.

_		
Esta	ablishment 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)	
OR	8 4 2 2 North American Industrial Classification (NAICS), if known (e.g., 336212)	
Em	ployment information	
		58100.03
	Total hours worked by all employees last year	
Sig	n 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 Director Title	
	630-665-4710	r

Log of Work-Related Injuries and Illnesses

Attention: This form contains information relating to employee health and must be used in a manner that protects the confidentiality of employees to the extent possible while the information is being used for occupational safety and health purposes.

Year	2015	
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U.S. Department of Labor Occupational Safety and Health Administration

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Form approved OMB no. 1218-0176 Wheaton Park District-Parks Services Establishment name City Wheaton State Illinois

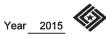
	Identify the person	A STATE OF THE PARTY OF THE PAR		Describe the o	ase	Classi	fy the case			EXTENS	提到政治原						设置
(A) Case No.	(B) Employee's Name	(C) Job Title (e.g., Welder)	(D) Date of injury	(E) Where the event occurred (e.g.	(F) Describe injury or illness, parts of body affected,			box for each c		Enter the n days the in worker was	ured or ill	Check t	he "inji		umn or d Iness:	:hoose (one type
NO.		vveider)	or onset of illness (mo./day)	Loading dock north end)	and object/substance that directly injured or made person ill (e.g. Second degree burns on right forearm from acetylene torch)	Death	Days away from work	Job transfer	ed at work	Away From Work (days)	On job transfer or restriction (days)	(M)	Skin Disorder	Respiratory Condition	Poisoning	Hearing Loss	l other illnesses
						(G)	(H)	or restriction (I)	(J)	(K)	(L)	(1)	ගි (2)	(3)	(4)	王 (5)	(6)
46566	Dickerson, Richard	Gen Grounds	7 <i>/</i> 31	Northside Park	Twisted knee while shoveling sand					<u> </u>		х	L		igsquare		
45569	Flynn, Kevin	Maintenance	2/5	Briar Patch Park	Pulled his wrist while trying to open a fire hydrar			x			3	х					
46044	Hickey, James	Maintenance	5/26	Seven Gables Park	Log rolled on leg							х			\sqcup		ــــــ
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Be sure to transfer these totals to the Summary page (Form 300A) before you post it.

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

Page 1 of 1



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
0	0	0	0 -
(G)	(H)	(1)	(J)
Number of Days		MT 1075 1085 2 M 15	7
Total number of days away from		Total number of days of job transfer or restriction	
0		0	
(K)		(L)	-
Injury and Illness Ty	ypes		
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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stablish	ment information					
Your e	stablishment name _\	Vheaton Park Dis	strict - Dupage Cou	unty Historical Museum		
Street	102 E. Wesley St					
City	Wheaton		State	IL	Zip	60187
Industr	ry description (e.g., Mai Parks and Recreation		or truck trailers)			
Standa	ard Industrial Classifica	ion (SIC), if knov	wn (e.g., SIC 3715)		
OD North	8 4 1 American Industrial Cla		C) if known to a	222242)		
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					Ever	utive Director
<u> </u>	Company exe	cutive			<u></u>	Title
	630-665-47	'10			2	Idu-
-	Phone				=1	Date

Log of Work-Related Injuries and Illnesses

Attention: This form contains information relating to employee health and must be used in a manner that protects the confidentiality of employees to the extent possible while the information is being used for occupational safety and health purposes.

Year 2015
U.S. Department of Labor

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Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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	for help.	44-17-18		,	,,,,,,,,,,			City	Wheaton			State			Illinoi	s	
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(A) Case No.	(B) e Employee's Name	(C) Job Title (e.g., Welder)	injury or	(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	CHEC	CONLY ONE	box for each o		Enter the national days the injury worker was	ured or ill	Check (M)	the "inj		umn or o	choose o	one typ
:			onset of illness (mo./day)		made person ill (e.g. Second degree burns on right forearm from acetylene torch)	Death (G)	Days away from work	Kenten	Other recordable cases	Away From Work (days)	On job transfer or restriction (days)	Cuniu (1)	(c) Skin Disorder	(E) Condition	(4) Poisoning	G Hearing Loss	— 9 All other illnesse
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	and the completed forms to this office.		, 200 OOTSUUL	мі лео, ічте, ттахінідші, 100 20210. І					Page	1 of 1		(1)	(2)	(3)	(4)	(5)	(6)



U.S. Department of Labor

Occupational Safety and Health Administration

orm approved OMB no. 1218-017

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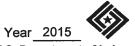
Number of Cases			
Total number of deaths	Total number of cases with days away from work 0	Total number of cases with job transfer or restriction	Total number of other recordable cases
(G)	(H)	(1)	(J)
Number of Days			
Total number of days away from work		Total number of days of job transfer or restriction	
0		0	
(K)	-	(L)	_
injury and Illness T	ypes		
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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		ton Park District - Lincoln Marsh		
Stree	1010 Madison			
City	Wheaton	State	IL .	Zip <u>60187</u>
Indus	try description (e.g., Manufac Parks and Recreation Faci			
Stand	lard Industrial Classification (SIC), if known (e.g., SIC 3715)		
	8 4 2 2			
R North	American Industrial Classific	ation (NAICS), if known (e.g., 33	6212)	
nploym	ent information			
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Total year	hours worked by all employed	es last 13488		
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	V // -			Executive Director
	Company executive)		Title
				50 112
	630-665-4710			1/11/1/6

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U.S. Department of Labor

Occupational Safety and Health Administration

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Establishment name

Wheaton Park District-Lincoln Marsh

City Wheaton

State Illinois

(A) (B) (C) (D) Title (e.g., Date of injury or illness, mode) of illness (mod./day) (all or illness) (all or illness) (mod./day) (all or illne	lo	lentify the person			Describe the	Case	Class	fy the case					A	A 1500	ASSA T		galag	ALCONO.
made person ill (e.g. Second degree burns on right foream from acetylene torch) Death Days away from work Days away from work Prom W	(A)	(B)	Job Title (e.g.,	(C) (D) (E) (F) CHEC Job Title (e.g., Date of Where the event occurred (e.g. Describe injury or illness, parts of body affected, the mo	CHECK ONLY ONEbox for each case based on			days the injured or ill		Check the "injury" column or choose on								
Death from work Remained at work From Work Gay From Work Gay G		onset of made person ill (e.g. Second degree burns on						Parage and the State of the Sta			Oniah	(M)					ses	
G (H) (I) (J) (K) (L) (1) (2) (3) (4) (5) (6)						right forearm from acetylene torch)		from work Remained at work		From	transfer or		isorder	atory	ing		er illne	
												(days)	Injury	Skin D	Respir	.00	Hearin	-
							(G)	(H)	(1)	(J)	(K)	(L)	(1)	(2)	(3)	(4)	(5)	(6)
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Ē	Skin Disor	Respirat Condit	Poison	Hearing L	All other illness
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Page 1 of 1

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(2) (3)

(4) (5)



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 0	Total number of other recordable cases
(G)	(H)	(1)	(1)
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 Iliness T	ypes		
Total number of (M)			
(1) Injury	0	(4) Poisoning	0
(2) Skin Disorder (3) Respiratory	U	(5) Hearing Loss	
Condition	0	(6) All Other Illnesses	0

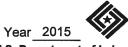
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Estal	blishment i	nformation			
	Your establish	nment name Wheaton Park I	District - Leisure Center		
	Street 208 W	V. Union Avenue			
,	City Whea	ton	State	IL	Zip <u>60187</u>
	Industry descr	ription (e.g., Manufacture of mo	otor truck trailers)		
:		ustrial Classification (SIC), if kn	nown (e.g., SIC 3715)		-
OR I		512 an Industrial Classification (NA	ICS), if known (e.g., 336	3212)	
:mp	loyment inf	formation			
	Annual avera	ge number of employees	15		
	Total hours w	orked by all employees last	6719		
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١	M'				Executive Director
2	-	Company executive	The second secon		Title
_		630-665-4710	**************************************		2/1/16
		Phone			Date (

Log of Work-Related Injuries and Illnesses

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U.S. Department of Labor

Occupational Safety and Health Administration

Illinois

You must record information about every work-related injury or illness that involves loss of consciousness, restricted work activity or job transfer, days away from work, or medical treatment Form approved OMB no. 1218-0176 beyond first aid. You must also record significant work-related injuries and illnesses that are diagnosed by a physician or licensed health care professional. You must also record work-related injuries and illnesses that meet any of the specific recording criteria listed in 29 CFR 1904.8 through 1904.12. Feel free to use two lines for a single case if you need to. You must complete an Establishment name Wheaton Park District-Leisure Center injury and illness incident report (OSHA Form 301) or equivalent form for each injury or illness recorded on this form. If you're not sure whether a case is recordable, call your local OSHA office for help. City Wheaton State

	dentify the person	超過經過豐級		Describe the	case	Class	fy the case	是多数的重要	医多路 进行性的		Section Market			1000		200	200 E
(A) Case No.	(B) Employee's Name	(C) Job Title (e.g.,	(D) Date of injury or	(E) Where the event occurred (e.g.	(F) Describe injury or illness, parts of body affected,	CHECI	CONLY ONE	box for each c	ase based on case:	Enter the n days the in worker was	jured or ill	Check t	he "inji		umn or c ness:	:hoose o	one type
NO.		Welder)	onset of illness (mo./day)	Loading dock north end)	and object/substance that directly injured or made person ill (e.g. Second degree burns on right forearm from acetylene torch)	Death	Days away from work	PARMER	ed at work	Away From Work	On job transfer or restriction	(M)	Disorder	Respiratory Condition	guin	ng Loss	her illnesses
	:					(G)	(H)		Other record- able cases (J)	(days)	(days)	Anniul (1)	(5) Skin Disc	(3)	양 (4)	(5) Head	(6)
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Be sure to transfer these totals to the Summary page (Form 300A) before you post it.

Page

1 of 1

Public reporting burden for this collection of information is estimated to average 14 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.

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

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

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

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 0	Total number of cases with job transfer or restriction	Total number of other recordable cases
(G)	(H)	(1)	(J)
Number of Days			
Total number of days away from		Total number of days of job transfer or restriction	
(K)	-	O (L)	_
injury and illness 1	ypes		
Total number of			
(1) Injury	1	(4) Poisoning	0
(2) Skin Disorder	0	(5) Hearing Loss	0
(3) Respiratory Condition	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 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.

stablish	ment information			
Your e	stablishment name Wheaton Park Di	istrict - Arrowhead Gol	f Maintenance	
	26W151 Butterfield Road			
City	Wheaton	State	IL	Zip60189
Indust	ry description (e.g., Manufacture of mo Golf Maintenance	tor truck trailers)		
	ard Industrial Classification (SIC), if know 5 8 1 2 American Industrial Classification (NAIC		:12)	
mploym	ent information			
Annua	l average number of employees	17		
Total i year	ours worked by all employees last	18401		
ign here				
Know	ingly falsifying this document may re	esult in a fine.		
l certificompl	ty that I have examined this document a etc.	and that to the best of	my knowledge the entries a	Executive Director Title
	630-665-4710 Phone			2116 Date

Log of Work-Related Injuries and Illnesses

Attention: This form contains information relating to employee health and must be used in a manner that protects the confidentiality of employees to the extent possible while the information is being used for occupational safety and health purposes.



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

You must record information about every work-related injury or litness that involves loss of consciousness, restricted work activity or job transfer, days away from work, or medical treatment beyond first aid. You must also record significant work-related injuries and illnesses that are diagnosed by a physician or licensed health care professional. You must also record work-related injuries and illnesses that the tart meet any of the specific recording criteria listed in 29 CFR 1904.8 through 1904.12. Feel free to use two lines for a single case if you need to. You must complete an injury and liness incident report (OSHA Form 301) or equivalent form for each injury or litness recorded on this form. If you're not sure whether a case is recordable, call your local OSHA office for help.

Form approved OMB no. 1218-0176

report (OSI	t (OSHA Form 301) or equivalent form for each injury or illness recorded on this form. If you're not sure whether a case is recordable, call your local OSHA office for help.							Establishment name Wheaton Park District-Arrownead Golf Mainten							intena	nce		
								City	Wheaton			State			Illinoi	s		
1	fentify the person		4170 3	Describe the o	tase .	Class	fy the case					STATE OF	mark	是李朝	40 80	No of the		
(A) Case No	(B) Employee's Name	(C) Job Title (e.g.,	(D) Date of injury or	(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	most se		box for each ca ne for that case	ase based on the	Enter the no days the inj worker was	ured or ill	Check the "injury" column or choose one ty illness:						
		Welder)	onset of illness (mo./day)	Loading dock north end)	person ill (e.g. Second degree burns on right forearm from acetylene torch)	Death (G)	Days away from work (H)	Remair Job transfer or restriction (I)	Other recordable cases	Away From Work (days) (K)	On job transfer or restriction (days)	S Anju (1)	(3) Skin Disorder	(Condition	(4) Poisoning	G Hearing Loss	(9) All other ilinesses	
47041	Mont Pas, Melody	Beverage cart	11/4	AGC-Golf course	Stepping out of beverage cart, tripped on some slick ground and fell forward hitting her chin							x						
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review the interest required comments :	nstruction, search and gather the da to respond to the collection of infon about these estimates or any aspect	ta needed, and comp mation unless it displa s of this data collectio	lete and review ays a currently v n, contact: US	ninutes per response, including time to the collection of Information. Persons ar ralid OMB control number. If you have an Department of Labor, OSHA Office of		to the	Summary	page (Form	300A) before	you post i	t.	Injury	Skin Disorder	Respiratory Condition	Poisoning	Hearing Loss	All other illnesses	
Statistics, R	oom N-3644, 200 Constitution Ave,	NW, Washington, DC	20210. Do no	t send the completed forms to this office.					Page	1 of 1		(1)	(2)	(3)	(4)	(5)	(6)	

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

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."

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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)	(1)	(7)
Number of Days			
Total number of days away from		Total number of days of job transfer or restriction	
0		0	
(K)	-	(L)	-
Injury and Illness T	ypes	The state of the s	
Total number of			
(1) Injury	0	(4) Poisoning	0
(2) Skin Disorder	0	(5) Hearing Loss	0
(3) Respiratory Condition	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 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.

Esta	blishr	nent information			
	Your es	stablishment name Wheaton Park	District - Clocktower Com	mons	
	Street	100 N Naperville Road			
	City	Wheaton	State	IL	Zip60187
	Industr	ry description (e.g., Manufacture of n Parks and Recreation Facilities	notor truck trailers)		
	Standa	rd Industrial Classification (SIC), if kn	own (e.g., SIC 3715)		
		9 5 1 2			
)R	North /	American Industrial Classification (NA	NCS), if known (e.g., 33621	2)	
m	oloyme	ent information			
			-		
		average number of employees	2		
	year	ours worked by all employees last	1599		
	•				
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	Knowi	ngly falsifying this document may	recult in a fine		
	KIIOWI	ngiy laishying this document may	result in a line.		
		y that I have examined this documen	t and that to the best of m	y knowledge the entri	es are true, accurate, and
,	comple	ete.			
	M	13			Executive Director
	$\overline{}$	Company executive			Title
					211.
		630-665-4710 Phone			7/1/16

Log of Work-Related Injuries and Illnesses

Attention: This form contains information relating to employee health and must be used in a manner that protects the confidentiality of employees to the extent possible while the information is being used for occupational safety and health purposes.



U.S. Department of Labor

You must record information about every work-related injury or litness that involves loss of consciousness, restricted work activity or job transfer, days away from work, or medical treatment beyond first aid. You must also record significant work-related injuries and illnesses that are diagnosed by a physician or licensed health care professional. You must also record work-related injuries and illnesses that meet any of the specific recording criteria listed in 29 CFR 1904.8 through 1904.12. Feel free to use two lines for a single case if you need to. You must complete an injury and illness incident report (OSHA Form 301) or equivalent form for each injury or illness recorded on this form. If you're not sure whether a case is recordable, call your local OSHA office for help.

Occupational Safety and Health Administration
Form approved OMB no. 1218-0176

report (OSHA Form 301) or equivalent form for each injury or illness recorded on this form. If you're not sure whether a case is recordable, call your local OSHA office for help. Establishment name Wheat											on Park	Park District-Clocktower					
								City	Wheaton			State			Illinoi:	5	
Id	entify the person	NEW THE	14 1 1 1 2	Describe the	≎ase	Class	fy the case	7 19 27 2		THE REAL PROPERTY.		FEBRURY	No. SA	KEEL	No. of the last	N. S. G.	
(A) Case No.	(B) Employee's Name	(C) Job Title (e.g., Welder)	(D) Date of injury or onset of	(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 mad	CHECK	ONLY ONE	box for each ca		Enter the nu days the inju worker was	ured or ill	Check th	ne "injur		mn or ch	oose on	e type of
		illness (mo./day)		person ill (e.g. Second degree burns on right forearm from acetylene torch)	Death	1	Job transfer or restriction	Other recordable cases	Away From Work (days)	On job transfer or restriction (days)	Injury		Respiratory	Poisoning	h Hearing Loss) All other illnesse	
						(G)	(H)	(1)	(J)	(K)	(L)	(1)	(2)	(3)	(4)	(5)	(6)
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					,												\neg
						<u> </u>							Ш				\Box
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Be sure to transfer these totals to the Summary page (Form 300A) before you post it. Public reporting burden for this collection of information is estimated to average 14 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-3844, 200 Constitution Ave, NW, Washington, DC 20210. Do not send the completed forms to this office.												Injury	Skin Disorder	Respiratory Condition	Poisoning	Hearing Loss	All other illnesses
OMISICS, KOO	III IV-3044, ZUU CORISUUUON AVE, N	vv, vvasnington, DC 2	2021U. DO 1101	вени ине сотпривает готть во выв отпсе.	-				Page	1 of 1		(1)	(2)	(3)	(4)	(5)	(6)

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."

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Number of Cases								
Total number of deaths	Total number of cases with days away from work 0	Total number of cases with job transfer or restriction 0	Total number of other recordable cases					
(G)	(H)	(1)	(J)					
Number of Days								
Total number of days away from work		Total number of days of job transfer or restriction						
0 (K)	-	0 (L)	-					
injury and illness T	урез							
(M) (1) Injury	0	(4) Poisoning	0					
(2) Skin Disorder (3) Respiratory	0	(5) Hearing Loss	0					
Condition	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

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Esta	ablishi	ment information			
	Your e	stablishment name Wheaton Park D	District - Central Athleti	c Center	
	Street	500 S Naperville Road			
	City	Wheaton	State	IL	Zip60187
	Industr	ry description (e.g., Manufacture of mo Parks and Recreation Facilities	etor truck trailers)		
	Standa	ard Industrial Classification (SIC), if kno	own (e.g., SIC 3715)		
ΛP	North	9 5 1 2 American Industrial Classification (NAI	CS) if known (o. c. 22	8242\	
OIX	NOILI	American industrial classification (NA)		0212)	
Emr	olovmo	ent information			
,	,				
			_		
		l average number of employees	3		
	Total h	ours worked by all employees last	1968		
Sign	ı here				
	Knowi	ingly falsifying this document may r	esuit in a fine.		
	I certify comple	y that I have examined this document atte.	and that to the best of	my knowledge the entries are t	rue, accurate, and
		Company executive			Executive Director Title
		630-665-4710			2/1/16
		Phone			∖ Daţe

Log of Work-Related Injuries and Illnesses

You must record information about every work-related injury or itiness that involves loss of consciousness, restricted work activity or job transfer, days away from work, or medical treatment beyond

Attention: This form contains information relating to employee health and must be used in a manner that protects the confidentiality of employees to the extent possible while the information is being used for occupational safety and health purposes.

1 of 1

Page



U.S. Department of Labor

Occupational Safety and Health Administration

(3)

(4)

(2)

Form approved OMB no. 1218-0176 first aid. You must also record significant work-related injuries and illnesses that are diagnosed by a physician or licensed health care professional. You must also record work-related injuries and illinesses that meet any of the specific recording criteria listed in 29 CFR 1904.8 through 1904.12. Feel free to use two lines for a single case if you need to. You must complete an injury and Establishment name Wheaton Park District-Central Athletic Center illiness incident report (OSHA Form 301) or equivalent form for each injury or illness recorded on this form. If you're not sure whether a case is recordable, call your local OSHA office for help. City Wheaton State Illinois Identify the person Describe the case Enter the number of (A) (B) (E) CHECK ONLY ONEbox for each case based on days the injured or ill Check the "injury" column or choose one type Case No. Employee's Name Job Title (e.g. Date of Where the event occurred (e.g. Describe injury or illness, parts of body affected the most serious outcome for that case: worker was: of illness: Loading dock north end) and object/substance that directly injured or Welder) injury or (M) made person ill (e.g. Second degree burns on onset of On iob right forearm from acetylene torch) illness Days away Away Remained at work transfer or (mo./day) from work From restriction Work Job transfer Other record-(days) (days) or restriction able cases (G) (2) Page totals 0 0 0 0 Be sure to transfer these totals to the Summary page (Form 300A) before you post it. Skin Disorder

Public reporting burden for this collection of information is estimated to average 14 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.



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

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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	1	1	00
(G)	(H)	(1)	(1)
Number of Days			
Total number of days away from		Total number of days of job transfer or restriction	
2		1	
(K)	_	(L)	-
Injury and Iliness 1	Гурев	A SECTION OF THE SECT	
Total number of			
(M)	2	(4) Poisoning	0
(1) Injury (2) Skin Disorder	- 2	(5) Hearing Loss	0
(3) Respiratory		. (0) Healing Loss	
Condition	0	(6) All Other Illnesses	0
		. (5), 111 Out-11111000000	

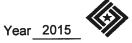
Post this Summary page from February 1 to April 30 of the year following the year covered by the form

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stablishment Information			
Your establishment name Wheaton Par	rk District - Community	Center	
Street 1777 S. Blanchard Road			
City Wheaton	State	<u>IL</u>	Zip60187
Industry description (e.g., Manufacture of Parks and Recreation Facilities	motor truck trailers)	*****	
Standard Industrial Classification (SIC), if	known (e.g., SIC 371	5)	
9 5 1 2 OR North American Industrial Classification (N	JAICS) if known (o.g.	226242\	
A North American moustral Classification (— ——	, 330212)	
imployment information			
Annual average number of employees	204		
Total hours worked by all employees last			
year	121616		
ign here			
Knowingly falsifying this document ma	y result in a fine.		
I certify that I have examined this docume complete.	ent and that to the bes	t of my knowledge the entries	are true, accurate, and
complete.			
6/13			Executive Director
Company executive			Title
630-665-4710 Phone			2/1/6
FIME			/ Date

Log of Work-Related Injuries and Illnesses

Attention: This form contains information relating to employee health and must be used in a manner that protects the confidentiality of employees to the extent possible while the information is being used for occupational safety and health purposes.



U.S. Department of Labor

Occupational Safety and Health Administration

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Establishment name Wheaton Park District-Community Ctr

City Wheaton State Illinois

ic	lentify the person		M. ALE	Describe the	case	Classi	fy the case				THE BE		库 多川				
(A) (B) Case No. Employee's Name				Where the event occurred (e.g.	(F) Describe injury or illness, parts of body affected, and object/substance that directly injured or	CHECK ONLY ONEbox for each case based on			Enter the number of days the injured or ill worker was:		Check the "injury" column or choose one type of illness:						
	onset of made person ill (e	made person ill (e.g. Second degree burns on right forearm from acetylene torch)	Death Days away Remained at work		Away transfer or From restriction		(M)		atory		t Loss	er illnesses					
					Job transfer or restriction	1	(days) (days)		Respiratory		Hearing Lo	All other					
						(G)	(H)	(1)	(J)	(K)	(L)	(1)	(2)	(3)	(4)	(5)	(6)
46419	Howington, Ryan	Camp Counselor	7 <i>[</i> 21	Community Center playground	Having a water balloon fight with other counselors, water balloon hit right ear		×			2		x					
46725	Oppenheim, Sally	Operation Mgr	8/27		Employee was pushing box away from door with foot and the door shut on index finger			x			1	х					
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Be sure to transfer these totals to the Summary page (Form 300A) before you post it.

Skin Disorde
Respirator
Conditio
Poisonin
Hearing Los

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.

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Page 1 of 1

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