



Department of Safety and Professional Services
Industry Services Division
P.O. Box 7302
Madison, Wisconsin 53707-7302

Summary of Work-Related Injuries and Illnesses

Year: 2024

Per SPS 332.205, all Wisconsin public employers must complete and submit this summary form, or the equivalent OSHA 300A form, by March 1 of each year even if no work-related injuries or illnesses occurred during the year. Review your “Log of Work-Related Injuries and Illnesses” to verify that the information you provide is complete and accurate. If applicable, use a zero to indicate no cases. A “Log of Work-Related Injuries and Illnesses” worksheet is provided and can be found at: [Log of Work-Related Injuries and Illnesses SBD10710A](#)

Number of Cases

| Total number of deaths: | Total number of cases with days away from work: | Total number of cases with days of job transfer or restrictions: | Total number of other recordable cases: |
|-------------------------|---|--|---|
| 0 | 0 | 0 | 0 |

Establishment Information

Name: Town of MARION

Street Address: 15833 Tower Road , WI

Employment Information

Annual average number of employees: 9

Total hours worked by all employees last year: 2796

Number of Days

| Total number of days away from work: | Total number of days of job transfer or restrictions: |
|--------------------------------------|---|
| 0 | 0 |

Contact Information

Employer contact name: JUDITH BOUGHTON

Telephone number: (608) 485-3119

Injury and Illness Types (Total number of):

| | | | |
|----------------------------|---|-------------------------|---|
| (1) Injuries | 0 | (4) Poisonings | 0 |
| (2) Skin disorders | 0 | (5) Hearing losses | 0 |
| (3) Respiratory conditions | 0 | (6) All other illnesses | 0 |

This summary must be posted in an employee area from February 1 to April 30 of the year following the year covered by the form.