(6680) ~~RSC~~ RM-MFC

05-GF-113

ALLIANT ENERGY.

Alliant Energy Corporation
Worldwide Headquarters
4902 North Biltmore Lane
P.O. Box 77007
Madison, WI 53707-1007

Office: 608.458.3311
www.alliantenergy.com

January 29, 2003

Ms. Lynda Dorr
Secretary to the Commission
Public Service Commission of Wisconsin
610 North Whitney Way, P.O. Box 7854
Madison, Wisconsin 53707-7854

Dear Ms. Dorr,

Re: PSC 113.0612 Annual Safety Report

The following data is being provided by Wisconsin Power & Light Company in accordance with PSC 113.0612:

2002 OSHA Lost Time Rate: 1.2 Three Year Average Lost Time Rate: 1.10
2002 OSHA Incidence Rate: 6.3 Three Year Average OSHA Incidence Rate: 8.17

Enclosed are the OSHA 300 Log Summaries for each of our facilities located in Wisconsin. The OSHA 300 log summary is required to be posted at each facility in 2003 for the months of February, March and April. We keep all these logs electronically in our Madison office should you have any questions.

Please let me know if you would like additional information. If I do not hear from you, I will assume that this information satisfies the requirement of PSC 113.0612.

Mark R. Hawley

Mark R. Hawley
Senior Safety Consultant
Alliant Energy-Wisconsin Power & Light
4902 North Biltmore Lane; P.O. Box 77007
Madison, WI 53707-1007
(608) 458-5795
markhawley@alliantenergy.com

cc: Scott Cullen, Chief Engineer, PSCW
Terry Nicolai
Diana Quinn
Joe Shefchek

PUBLIC SERVICE COMMISSION MASTER FILE COPY WISCONSIN

RECEIVED
FEB 03 2003
Electric Division

OSHA's Form 300

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 2002

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

Form Approved OMB no. 1218-0176

You must record information about every work-related death and 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 Part 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.

Establishment name Alliant Energy Corporation - Rock River

City, State, Zip Beloit, WI 53511

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	(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)	Using these four categories, check ONLY the most serious result for each case. Death (G)	Days away from work (H)	Remained at work: Job transfer or restriction (I)	Remained at work: Other record-able cases (J)	Enter the number of days the injured or ill worker was: On job transfer or restriction (K)	Away from work (L)	Check the "Injury" column or choose one type of illness: (M) Injury (1)	Skin disorder (2)	Respiratory condition (3)	Poisoning (4)	All other illnesses (5)
ROC 99886370	[redacted]	Plant Equipment Operator	1/04 month/day	8508-	Sprain/Strain, Wrist; -Strained Wrists		X			55 days	18 days	X				
ROC 99886372	[redacted]	Maintenance Technician	3/05 month/day	8502-	Sprain/Strain, Right Shoulder; -Right Should			X		146 days	0 days	X				
ROC 99886374	[redacted]	Plant Equipment Operator	8/01 month/day	4001-	Sprain/Strain, Lower Back; -strained lower b				X	0 days	0 days	X				
ROC 99886375	[redacted]	Equipment Operator	7/30 month/day	8508-	Sprain/Strain, Right Shoulder; -strained right			X		6 days	0 days	X				
ROC 99886376	[redacted]	Maintenance Welding Technician	8/04 month/day	8502-	Foreign Object, Left Eye; - foreign object - le				X	0 days	0 days	X				
Page Totals						1	2	2		207	18	5	0	0	0	0

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 instructions, search and gather the data needed, and complete and review the collection of information. Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number. If you have any comments about these estimates or any other aspects of this data collection, contact:US Department of Labor, OSHA Office of Statistics, Room N-3644, 200 Constitution Avenue, NW, Washington, DC 20210. Do not send the completed form to this office.

OSHA's Form 300

Log of Work-Related Injuries and Illnesses

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Year 2002

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

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Establishment name Alliant Energy Corporation - South Area - Janes

City, State, Zip Beloit, WI 53511

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	(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)	Using these four categories, check ONLY the most serious result for each case. Death (G)	Days away from work (H)	Remained at work: Job transfer or restriction (I)	Remained at work: Other record-able cases (J)	Enter the number of days the injured or ill worker was: On job transfer or restriction (K)	Away from work (L)	Check the "Injury" column or choose one type of illness: (M) Injury (1)	Skin disorder (2)	Respiratory condition (3)	Poisoning (4)	All other illnesses (5)
SAR 99886373	[redacted]	Garage Mechanic	2/12 month/day	6702-	Contusions/Crush/Bruise, Left Foot; -Bruise			X		2 days	0 days	X				
SAR 99886374	[redacted]	Line Technician	5/09 month/day	0211-	Sprain/Strain, Upper Back; -Upper Back Stra			X		1 days	0 days	X				
SAR 99886375	[redacted]	Lead Area Stores Mat. Hand.	5/22 month/day	8201-	Fracture, Right Foot; -Fracture of Right Foot		X			14 days	5 days	X				
SAR 99886376	[redacted]	Line Truck Operator	1/15 month/day	7202-	Contusions/Crush/Bruise, Multiple Body Pa Elbow & Back Contusion			X		1 days	0 days	X				
SAR 99886377	[redacted]	Area Stores Material Handler	7/22 month/day	8201-	Fracture, Right Finger; -broke finger on rt ha		X			44 days	1 days	X				
SAR 99886378	[redacted]	Line Technician	1/08 month/day	5908-	Sprain/Strain, Shoulder; -Injured shoulder			X		20 days	0 days	X				
SAR 99886379	[redacted]	Line Technician	1/23 month/day	7202-	Cut/Laceration, Right Hand; -cut right hand				X	0 days	0 days	X				
Page Totals						0	2	4	1	82	6	7	0	0	0	0

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Print Date: 01/23/2003

OSHA's Form 300

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Year 2002

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Establishment name Alliant Energy Corporation - South Area - Janes

City, State, Zip Beloit, WI 53511

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	(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)	Using these four categories, check ONLY the most serious result for each case. Death (G)	Days away from work (H)	Remained at work: Job transfer or restriction (I)	Remained at work: Other record-able cases (J)	Enter the number of days the injured or ill worker was: On job transfer or restriction (K)	Away from work (L)	Check the "Injury" column or choose one type of illness: (M) Injury (1)	Skin disorder (2)	Respiratory condition (3)	Poisoning (4)	All other illnesses (5)
SAR 99886380	[redacted]	Area Stores Material Handler	1/25 month/day	8201-	Tendinitis, Left Shoulder; -shoulder pain	☐	☐	☐	☒	0 days	0 days	☒	☐	☐	☐	☐
SAR 99886381	[redacted]	Relay Technician	9/22 month/day	1405-	Scratch/Abrasion, Right Eye; -scratched lens	☐	☐	☐	☒	0 days	0 days	☒	☐	☐	☐	☐
SAR 99886382	[redacted]	Area Stores Material Handler	11/15 month/day	1182-	Contusions/Cuts/Bruise, Left Finger; -cut lef thumb	☐	☐	☒	☐	10 days	0 days	☒	☐	☐	☐	☐
Page Totals						0	0	1	2	10	0	3	0	0	0	0

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OSHA's Form 300

Log of Work-Related Injuries and Illnesses

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Year 2002

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

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Establishment name Alliant Energy Corporation - North Area Facility

City, State, Zip Fond Du Lac, WI 54937-2032

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	(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)	Using these four categories, check ONLY the most serious result for each case. Death (G)	Days away from work (H)	Remained at work: Job transfer or restriction (I)	Remained at work: Other record-able cases (J)	Enter the number of days the injured or ill worker was: On job transfer or restriction (K)	Away from work (L)	Check the "Injury" column or choose one type of illness: (M) Injury (1)	Skin disorder (2)	Respiratory condition (3)	Poisoning (4)	All other illnesses (5)
NAR 99886394	[redacted]	Line Technician	2/08 month/day	0311-	Contusions/Crush/Bruise, Right Finger; -Cor Right Ring Finger				X	0 days	0 days	X				
NAR 99886427	[redacted]	Electrician Helper	10/02 month/day	5302-	Sprain/Strain, Lower Back; -strained back lif equipment				X	0 days	0 days	X				
Page Totals						0	0	0	2	0	0	2	0	0	0	0

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Establishment name Alliant Energy Corporation - Portage

City, State, Zip Portage, WI 53901

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	(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)	Using these four categories, check ONLY the most serious result for each case. Death (G)	Days away from work (H)	Remained at work: Job transfer or restriction (I)	Remained at work: Other record-able cases (J)	Enter the number of days the injured or ill worker was: On job transfer or restriction (K)	Away from work (L)	Check the "Injury" column or choose one type of illness: (M) Injury (1)	Skin disorder (2)	Respiratory condition (3)	Poisoning (4)	All other illnesses (5)
POR 99886380	[redacted]	Local Rep. Gas & Elect.	1/16 month/day	1251-	Sprain/Strain, Bi-lateral Shoulder; -Strained			X		6 days	0 days	X				
POR 99886381	[redacted]	Line Technician	2/23 month/day	1251-	Contusions/Crush/Bruise, Left Arm; -Contus Forearm			X		2 days	0 days	X				
POR 99886385	[redacted]	Chief Gas Technician - Welding	6/12 month/day	1231-	Sprain/Strain, Groin; -Groin Strain		X			44 days	31 days	X				
POR 99886386	[redacted]	Customer Field Rep.	6/21 month/day	9007-	Dermatitis, Right Leg; - poison Ivy - legs				X	0 days	0 days	X				
POR 99886388	[redacted]	Meter Reader	7/17 month/day	9007-	Dermatitis, Multiple Body Parts; -contact wi legs & arms				X	0 days	0 days	X				
POR 99886392	[redacted]	Line Technician	5/02 month/day	1251-	Sprain/Strain, Left Arm; Sprain/Strain, Left -Cleaning off truck, pulling wire - jarred left		X			0 days	3 days	X				
Page Totals						0	2	2	2	52	34	6	0	0	0	0
												Injury (1)	Skin disorder (2)	Respiratory condition (3)	Poisoning (4)	All other illnesses (5)

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Print Date: 01/23/2003

osha300.rpt 6/18/2002

OSHA's Form 300

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Establishment name Alliant Energy Corporation - Ripon

City, State, Zip Ripon, WI 54971-1327

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	(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)	Using these four categories, check ONLY the most serious result for each case. Death (G)	Days away from work (H)	Remained at work: Job transfer or restriction (I)	Remained at work: Other record-able cases (J)	Enter the number of days the injured or ill worker was: On job transfer or restriction (K)	Away from work (L)	Check the "Injury" column or choose one type of illness: (M) Injury (1)	Skin disorder (2)	Respiratory condition (3)	Poisoning (4)	All other illnesses (5)
RIP 99886382	[redacted]	Gas Technician	3/04 month/day	6701-	Sprain/Strain, Lower Back; -Strained Lower		X			19 days	2 days	X				
RIP 99886384	[redacted]	Line Technician	3/18 month/day	0851-	Sprain/Strain, Left Knee; -Strained Left Knee		X			9 days	19 days	X				
RIP 99886389	[redacted]	Substation/Waterworks Oper.	5/15 month/day	6603-	Sprain/Strain, Left Arm; -Strained Left Uppe		X			0 days	25 days	X				
RIP 99886390	[redacted]	Line Technician	5/11 month/day	0851-	Sprain/Strain, Groin; -Groin Strain				X	0 days	0 days	X				
RIP 99886393	[redacted]	Line Technician	5/28 month/day	7303-	Dermatitis, Multiple Body Parts; -Rash On F Trunk & Legs				X	0 days	0 days		X			
RIP 99886394	[redacted]	Line Technician	5/28 month/day	0851-	Sprain/Strain, Right Elbow; -Right Elbow Stu			X		12 days	0 days	X				
RIP 99886397	[redacted]	Line Clearance Tech.	9/23 month/day	0811-	Sprain/Strain, Left Ankle; -strained left ankle				X	0 days	0 days	X				
Page Totals						0	3	1	3	40	46	6	1	0	0	0

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Establishment name Alliant Energy Corporation - Ripon

City, State, Zip Ripon, WI 54971-1327

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	(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)	Using these four categories, check ONLY the most serious result for each 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		On job transfer or restriction	Away from work	(M) Injury	Skin disorder	Respiratory condition	Poisoning	All other illnesses
								Job transfer or restriction	Other record-able cases							
						(G)	(H)	(I)	(J)	(K)	(L)	(1)	(2)	(3)	(4)	(5)
RIP 99886403	[redacted]	Service Maint. Worker	11/01 month/day	-	Sprain/Strain, Left Thumb; -Repetitive Motic Service Worker Duties-Left Thumb	☐	☐	☐	☒	0 days	0 days	☒	☐	☐	☐	☐
Page Totals						0	0	0	1	0	0	1	0	0	0	0

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Establishment name Alliant Energy Corporation - Sheboygan

City, State, Zip Sheboygan, Wi 53081-4410

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	(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)	Using these four categories, check ONLY the most serious result for each case. Death (G)	Days away from work (H)	Remained at work: Job transfer or restriction (I)	Remained at work: Other record-able cases (J)	Enter the number of days the injured or ill worker was: On job transfer or restriction (K)	Away from work (L)	Check the "Injury" column or choose one type of illness: (M) Injury (1)	Skin disorder (2)	Respiratory condition (3)	Poisoning (4)	All other illnesses (5)
She 99886378	[redacted]	Line Clearance Tech.	6/18 month/day	0151-	Sprain/Strain, Multiple Body Parts; -Strained Side Of Body				X	0 days	0 days	X				
She 99886382	[redacted]	Line Technician	7/03 month/day	0151-	Sprain/Strain, Right Multiple Body Parts; -sc arm				X	0 days	0 days	X				
Page Totals						0	0	0	2	0	0	2	0	0	0	0

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

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OSHA's Form 300

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 2002

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

Form Approved OMB no. 1218-0176

You must record information about every work-related death and 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 Part 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.

Establishment name Alliant Energy Corporation - Tomah

City, State, Zip Tomah, WI 54660

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	(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)	Using these four categories, check ONLY the most serious result for each case. Death (G)	Days away from work (H)	Remained at work: Job transfer or restriction (I)	Remained at work: Other record-able cases (J)	Enter the number of days the injured or ill worker was: On job transfer or restriction (K)	Away from work (L)	Check the "Injury" column or choose one type of illness: (M) Injury (1)	Skin disorder (2)	Respiratory condition (3)	Poisoning (4)	All other illnesses (5)
TOM 99886374	[redacted]	Service Technician	2/26 month/day	1181-	Sprain/Strain, Lower Back; -Strained Lower				X	0 days	0 days	X				
TOM 99886376	[redacted]	Customer Field Rep.	2/25 month/day	9007-	Foreign Object, Right Eye; -Foreign Object I			X		2 days	0 days	X				
TOM 99886377	[redacted]	Meter Reader	3/20 month/day	9007-	Sprain/Strain, Right Multiple Body Parts; -St Ankle & Hip			X		134 days	0 days	X				
TOM 99886380	[redacted]	Line Technician	4/11 month/day	7303-	Sprain/Strain, Lower Back; -Lower Back Str				X	0 days	0 days	X				
TOM 99886382	[redacted]	Line Technician	4/29 month/day	1031-	Sprain/Strain, Knee; -Knee Strain		X			25 days	27 days	X				
TOM 99886384	[redacted]	Line Technician	6/24 month/day	7303-	Contusions/Crush/Bruise, Left Hand; -Crush			X		7 days	0 days	X				
TOM 99886385	[redacted]	Gas Technician	4/25 month/day	7102-	Dermatitis, Leg; -Poison Ivy - Rt & Lt thigh				X	0 days	0 days	X				
					Page Totals	0	1	3	3	168	27	7	0	0	0	0

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Injury (1) Skin disorder (2) Respiratory condition (3) Poisoning (4) All other illnesses (5)

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U.S. Department of Labor
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Establishment name Alliant Energy Corporation - Tomah

City, State, Zip Tomah, WI 54660

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	(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)	Using these four categories, check ONLY the most serious result for each case. Death (G)	Days away from work (H)	Remained at work: Job transfer or restriction (I)	Remained at work: Other record-able cases (J)	Enter the number of days the injured or ill worker was: On job transfer or restriction (K)	Away from work (L)	Check the "Injury" column or choose one type of illness: (M) Injury (1)	Skin disorder (2)	Respiratory condition (3)	Poisoning (4)	All other illnesses (5)
TOM 99886387	[redacted]	Line Technician	7/30 month/day	7303-	Sprain/Strain, Left Leg; -pulled ligaments in			X		5 days	0 days	X				
TOM 99886390	[redacted]	Line Technician	6/13 month/day	7303-	Sprain/Strain, Lower Back; -strain lower bac				X	0 days	0 days	X				
TOM 99886392	[redacted]	Line Technician	10/09 month/day	7303-	Sprain/Strain, Lower Back; -strained lower b			X		6 days	0 days	X				
Page Totals						0	0	2	1	11	0	3	0	0	0	0
												Injury (1)	Skin disorder (2)	Respiratory condition (3)	Poisoning (4)	All other illnesses (5)

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OSHA's Form 300

Log of Work-Related Injuries and Illnesses

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Year 2002

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

Form Approved OMB no. 1218-0176

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Establishment name Alliant Energy Corporation - Wautoma

City, State, Zip Wautoma, WI 54982

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	(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)	Using these four categories, check ONLY the most serious result for each case. Death (G)	Days away from work (H)	Remained at work: Job transfer or restriction (I)	Remained at work: Other record-able cases (J)	Enter the number of days the injured or ill worker was: On job transfer or restriction (K)	Away from work (L)	Check the "Injury" column or choose one type of illness: (M) Injury (1)	Skin disorder (2)	Respiratory condition (3)	Poisoning (4)	All other illnesses (5)
WAU 99886367	[redacted]	Line Technician	4/05 month/day	0752-	Sprain/Strain, Lower Back; -Lower Back Str				X	0 days	0 days	X				
WAU 99886369	[redacted]	Line Technician	6/14 month/day	0751-	Bite/Sting, Left Hip; -Tick Bite To Left Hip				X	0 days	0 days	X				
WAU 99886370	[redacted]	Customer Field Rep.	6/06 month/day	9007-	Sprain/Strain, Left Ankle; -Left Ankle Sprain		X			21 days	30 days	X				
WAU 99886371	[redacted]	Line Technician	7/05 month/day	0752-	Dermatitis, Multiple Body Parts; -Poison Ivy back				X	0 days	0 days		X			
Page Totals						0	1	0	3	21	30	3	1	0	0	0

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Print Date: 01/23/2003

OSHA's Form 300

Log of Work-Related Injuries and Illnesses

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Year 2002

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

Form Approved OMB no. 1218-0176

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Establishment name Alliant Energy Corporation - Wisconsin Rapic

City, State, Zip Wisconsin Rapids, WI 5449

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	(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)	Using these four categories, check ONLY the most serious result for each case. Death (G)	Days away from work (H)	Remained at work: Job transfer or restriction (I)	Remained at work: Other record-able cases (J)	Enter the number of days the injured or ill worker was: On job transfer or restriction (K)	Away from work (L)	Check the "Injury" column or choose one type of illness: (M) Injury (1)	Skin disorder (2)	Respiratory condition (3)	Poisoning (4)	All other illnesses (5)
WIR 99886384	[redacted]	Gas Technician	2/21 month/day	7303-	Sprain/Strain, Right Arm; -Right Arm Strain			X		24 days	0 days	X				
WIR 99886388	[redacted]	Gas Technician	3/20 month/day	7303-	Sprain/Strain, Left Knee; -Left Knee Strain				X	0 days	0 days	X				
WIR 99886391	[redacted]	Chief Line Tech.	8/15 month/day	1651-	Cut/Laceration, Face; -laceration to face				X	0 days	0 days	X				
WIR 99886395	[redacted]	Customer Field Rep.	9/11 month/day	1190-	Inflammation, Foot; -Left heel became infla				X	0 days	0 days	X				
WIR 99886396	[redacted]	Line Technician	12/03 month/day	5197-	Sprain/Strain, Lower Back; -Bent over to pic and strained back		X			0 days	3 days	X				
Page Totals						0	1	1	3	24	3	5	0	0	0	0

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Print Date: 01/23/2003

OSHA's Form 300

Log of Work-Related Injuries and Illnesses

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Year 2002

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

Form Approved OMB no. 1218-0176

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Establishment name Alliant Energy Corporation - Albert Lea

City, State, Zip Albert Lea, MN 56007-0059

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	(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)	Using these four categories, check ONLY the most serious result for each case. Death (G)	Days away from work (H)	Remained at work: Job transfer or restriction (I)	Remained at work: Other record-able cases (J)	Enter the number of days the injured or ill worker was: On job transfer or restriction (K)	Away from work (L)	Check the "Injury" column or choose one type of illness: (M) Injury (1)	Skin disorder (2)	Respiratory condition (3)	Poisoning (4)	All other illnesses (5)
ALB 99886381	[redacted]	Customer Meter Reader	1/31 month/day	0351-	Sprain/Strain, Right Ankle; -Right Ankle Spr			X		4 days	0 days	X				
ALB 99886383	[redacted]	Sr. Technical Associate	3/13 month/day	1497-	Sprain/Strain, Right Wrist; -Right Wrist Strai			X		12 days	0 days	X				
ALB 99886384	[redacted]	Substation Electrician Foreman	3/21 month/day	0357-	Electrical Shock, Bi-lateral Hand; -Electrical Hands				X	0 days	0 days	X				
ALB 99886385	[redacted]	Electric Meter Technician	3/15 month/day	1115-	Sprain/Strain, Right Knee; -Right Knee Strai				X	0 days	0 days	X				
ALB 99886387	[redacted]	Line Mechanic	5/18 month/day	1438-	Sprain/Strain, Right Ankle; -Right Ankle Str			X		9 days	0 days	X				
ALB 99886388	[redacted]	Customer Meter Reader	6/17 month/day	0351-	Sting/Bite, Left Leg; -Dog Bite To Left Leg				X	0 days	0 days	X				
ALB 99886389	[redacted]	Gas Meter/Regulator Tech.	6/13 month/day	1482-	Sprain/Strain, Back; -Back Strain				X	0 days	0 days	X				
					Page Totals	0	0	3	4	25	0	7	0	0	0	0

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Establishment name Alliant Energy Corporation - Albert Le

City, State, Zip Albert Lea, MN 56007-0059

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	(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)	Using these four categories, check ONLY the most serious result for each case. Death (G)	Days away from work (H)	Remained at work: Job transfer or restriction (I)	Remained at work: Other record-able cases (J)	Enter the number of days the injured or ill worker was: On job transfer or restriction (K)	Away from work (L)	Check the "Injury" column or choose one type of illness: (M) Injury (1)	Skin disorder (2)	Respiratory condition (3)	Poisoning (4)	All other illnesses (5)
ALB 99886391	[redacted]	District Tech. J	9/30 month/day	1122-	Bruise/Contusion, Multiple Body Parts; -stru handle-hand & shoulder			X		24 days	0 days	X				
ALB 99886392	[redacted]	Gas District Foreman	9/30 month/day	5363-	Contusions/Cuts/Bruise, Right Multiple Body struck shoulder, arm & hand				X	0 days	0 days	X				
ALB 99886393	[redacted]	Assoc. Admin. Assistant	10/21 month/day	1080-	Sprain/Strain, Left Arm; -pain in left arm			X		5 days	0 days	X				
ALB 99886396	[redacted]	Gas Meter/Regulator Tech.	12/10 month/day	Marshalltown Metering-	Sprain/Strain, Back; -Pulling on wrench to o valve-Strained Back				X	0 days	0 days	X				
Page Totals						0	0	2	2	29	0	4	0	0	0	0

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Print Date: 01/23/2003

OSHA's Form 300

Log of Work-Related Injuries and Illnesses

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Year 2002

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

Form Approved OMB no. 1218-0176

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Establishment name Alliant Energy Corporation - Amherst Junction

City, State, Zip Amherst Junction, WI 54406

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	(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)	Using these four categories, check ONLY the most serious result for each case. Death (G)	Days away from work (H)	Remained at work: Job transfer or restriction (I)	Remained at work: Other record-able cases (J)	Enter the number of days the injured or ill worker was: On job transfer or restriction (K)	Away from work (L)	Check the "Injury" column or choose one type of illness: (M) Injury (1)	Skin disorder (2)	Respiratory condition (3)	Poisoning (4)	All other illnesses (5)
AMH 99886377	[redacted]	Customer Field Rep.	7/25 month/day	9007-	Sting/Bite, Left Hand; -bee sting left hand &				X	0 days	0 days	X				
AMH 99886379	[redacted]	Chief Line Tech.	8/21 month/day	1852-	Sprain, Strain, Lower Back; -strained lower b		X			38 days	6 days	X				
Page Totals						0	1	0	1	38	6	2	0	0	0	0

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Year 2002

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Occupational Safety and Health Administration

Form Approved OMB no. 1218-0176

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Establishment name Alliant Energy Corporation - Baraboo

City, State, Zip Baraboo, WI 53913-0447

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	(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)	Using these four categories, check ONLY the most serious result for each case. Death (G)	Days away from work (H)	Remained at work: Job transfer or restriction (I)	Remained at work: Other record-able cases (J)	Enter the number of days the injured or ill worker was: On job transfer or restriction (K)	Away from work (L)	Check the "Injury" column or choose one type of illness: (M) Injury (1)	Skin disorder (2)	Respiratory condition (3)	Poisoning (4)	All other illnesses (5)
BAR 99886388	[redacted]	Line Technician	4/22 month/day	1131-	Sprain/Strain, Back; -Back Strain			X		50 days	0 days	X				
BAR 99886393	[redacted]	Utility Operator	3/22 month/day	1111-	Sprain/Strain, Multiple Body Parts; -Back St Injury		X			4 days	1 days	X				
BAR 99886395	[redacted]	Line Technician	8/29 month/day	1151-	Sprain/Strain, Upper Back; -strain upper bacl			X		4 days	0 days	X				
BAR 99886398	[redacted]	Customer Service Rep.	9/06 month/day	9007-	Sprain/Strain, Right Knee; -strained right kne				X	0 days	0 days	X				
BAR 99886404	[redacted]	Meter Reader	12/03 month/day	5224-	Cut/Puncture, Right Foot; -stepped on nail - right foot		X			0 days	1 days	X				
BAR 99886406	[redacted]	Utility Tech.	12/13 month/day	5197-	Occupational Disease, Body System; -Tick I routine electrical construction				X	0 days	0 days					X
BAR 99886407	[redacted]	Line Technician	12/10 month/day	5230-	Sprain/Strain, Right Arm; Sprain/Strain, Rigl -Exiting Line Truck-Slipped & hit shoulder c				X	0 days	0 days	X				
Page Totals						0	2	2	3	58	2	6	0	0	0	1
												Injury (1)	Skin disorder (2)	Respiratory condition (3)	Poisoning (4)	All other illnesses (5)

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

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Print Date: 01/23/2003

osha300.rpt 6/18/2003

OSHA's Form 300

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 2002

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

Form Approved OMB no. 1218-0176

You must record information about every work-related death and 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 Part 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.

Establishment name Alliant Energy Corporation - Beaver Dam

City, State, Zip Beaver Dam, WI 53916-2114

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	(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)	Using these four categories, check ONLY the most serious result for each case. Death (G)	Days away from work (H)	Remained at work: Job transfer or restriction (I)	Remained at work: Other record-able cases (J)	Enter the number of days the injured or ill worker was: On job transfer or restriction (K)	Away from work (L)	Check the "Injury" column or choose one type of illness: (M) Injury (1)	Skin disorder (2)	Respiratory condition (3)	Poisoning (4)	All other illnesses (5)
BEA 99886381	[redacted]	Lead Engineering Technician	4/23 month/day	0531-	Dermatitis, Bi-lateral Arm; -Poison Ivy On A	☐	☐	☐	☒	0 days	0 days	☐	☒	☐	☐	☐
BEA 99886382	[redacted]	Chief Line Clearance Tech	4/26 month/day	1402-	Sprain/Strain, Back; -Back Strain	☐	☐	☒	☐	71 days	0 days	☒	☐	☐	☐	☐
BEA 99886388	[redacted]	Chief Line Tech.	7/14 month/day	0551-	Sprain/Strain, Right Knee; -Twisted right kn	☐	☐	☒	☐	5 days	0 days	☒	☐	☐	☐	☐
BEA 99886392	[redacted]	Sr. Customer Field Rep.	10/07 month/day	9007-	Sting/Bite, Right Leg; - dog bite right lower	☐	☒	☐	☐	11 days	2 days	☒	☐	☐	☐	☐
Page Totals						0	1	2	1	87	2	3	1	0	0	0
												Injury (1)	Skin disorder (2)	Respiratory condition (3)	Poisoning (4)	All other illnesses (5)

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OSHA's Form 300

Log of Work-Related Injuries and Illnesses

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Year 2002

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

Form Approved OMB no. 1218-0176

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Establishment name Alliant Energy Corporation - Beloit

City, State, Zip Beloit, WI 5351

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	(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)	Using these four categories, check ONLY the most serious result for each case. Death (G)	Days away from work (H)	Remained at work: Job transfer or restriction (I)	Remained at work: Other record-able cases (J)	Enter the number of days the injured or ill worker was: On job transfer or restriction (K)	Away from work (L)	Check the "injury" column or choose one type of illness: (M) Injury (1)	Skin disorder (2)	Respiratory condition (3)	Poisoning (4)	All other illnesses (5)
BEL 99886385	[redacted]	Meter Reader	1/31 month/day	9006-	Contusions/Crush/Bruise, Right Shoulder; -R Strain			X		70 days	0 days	X				
BEL 99886390	[redacted]	Line Technician	5/14 month/day	0251-	Sprain/Strain, Back; -Back Strain				X	0 days	0 days	X				
BEL 99886393	[redacted]	Line Technician	6/05 month/day	0251-	Burn/Electrical, Face; -1st Degree Burns, Fa			X		2 days	0 days	X				
BEL 99886395	[redacted]	Line Technician	7/19 month/day	0251-	Soreness, Lower Back; -Sharp pain in lower			X		42 days	0 days	X				
BEL 99886396	[redacted]	Line Clearance Tech.	7/19 month/day	1402-	Sprain/Strain, Upper Back; -back strain			X		20 days	0 days	X				
BEL 99886398	[redacted]	Gas Technician	8/07 month/day	0231-	Sprain/Strain, Left Knee; -slipped - strained l		X			9 days	11 days	X				
BEL 99886399	[redacted]	Meter Reader	7/02 month/day	9006-	Sting/Bite, Right Leg; -Dog bite upper right t			X		5 days	0 days	X				
					Page Totals	0	1	5	1	148	11	7	0	0	0	0

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Print Date: 01/23/2003

OSHA's Form 300

Log of Work-Related Injuries and Illnesses

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Year 2002

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

Form Approved OMB no. 1218-0176

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Establishment name Alliant Energy Corporation - Beloit

City, State, Zip Beloit, WI 5351

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	(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)	Using these four categories, check ONLY the most serious result for each case.				Enter the number of days the injured or ill worker was :		Check the "Injury" column or choose one type of illness: (M)				
						Death	Days away from work	Remained at work								
								Job transfer or restriction	Other record-able cases	On job transfer or restriction	Away from work	Injury	Skin disorder	Respiratory condition	Poisoning	All other illnesses
						(G)	(H)	(I)	(J)	(K)	(L)	(1)	(2)	(3)	(4)	(5)
BEL 99886402	[redacted]	Line Clearance Tech.	12/04 month/day	1402-	Contusions/Cuts/Bruise, Right Knee; -Slippe uneven ground dragging brush to chipper	☐	☐	☐	☒	0 days	0 days	☒	☐	☐	☐	☐
Page Totals						0	0	0	1	0	0	1	0	0	0	0

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Log of Work-Related Injuries and Illnesses

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Year 2002

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

Form Approved OMB no. 1218-0176

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Establishment name Alliant Energy Corporation - Berlin

City, State, Zip Berlin, WI 54923-1571

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	(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)	Using these four categories, check ONLY the most serious result for each case. Death (G)	Days away from work (H)	Remained at work: Job transfer or restriction (I)	Remained at work: Other record-able cases (J)	Enter the number of days the injured or ill worker was: On job transfer or restriction (K)	Away from work (L)	Check the "Injury" column or choose one type of illness: (M) Injury (1)	Skin disorder (2)	Respiratory condition (3)	Poisoning (4)	All other illnesses (5)
BER 99886390	[redacted]	Service Technician	3/15 month/day	0781-	Contusion, Abrasion, Bruise, Left Multiple E -Bruising To Left Hip, Arm, Elbow & Shoul				X	0 days	0 days	X				
BER 99886398	[redacted]	Line Technician	9/17 month/day	7303-	Numbness, Right Hand; -Repetitive motion - pain in right hand		X			0 days	3 days	X				
BER 99886400	[redacted]	Line Technician	10/01 month/day	5248-	Contusions/Cuts/Bruise, Left Finger; -pinche finger				X	0 days	0 days	X				
Page Totals						0	1	0	2	0	3	3	0	0	0	0
												Injury (1)	Skin disorder (2)	Respiratory condition (3)	Poisoning (4)	All other illnesses (5)

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OSHA's Form 300

Log of Work-Related Injuries and Illnesses

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Year 2002

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

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Establishment name Alliant Energy Corporation - Nelson Dewey

City, State, Zip Cassville, WI 53806

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	(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)	Using these four categories, check ONLY the most serious result for each case. Death (G)	Days away from work (H)	Remained at work: Job transfer or restriction (I)	Remained at work: Other record-able cases (J)	Enter the number of days the injured or ill worker was: On job transfer or restriction (K)	Away from work (L)	Check the "Injury" column or choose one type of illness: (M) Injury (1)	Skin disorder (2)	Respiratory condition (3)	Poisoning (4)	All other illnesses (5)
NEL 99886373	[redacted]	Equipment Operator - Fuels	3/27 month/day	8606-	Sprain/Strain, Multiple Body Parts; -Neck & Strain			X		17 days	0 days	X				
NEL 99886378	[redacted]	Maintenance Tech/Mech./Weld	6/05 month/day	8602-	Cut/Laceration, Head; -Laceration To Head				X	0 days	0 days	X				
Page Totals						0	0	1	1	17	0	2	0	0	0	0

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Form Approved OMB no. 1218-0176

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Establishment name Alliant Energy Corporation - Elkhorn

City, State, Zip Elkhorn, WI 53121

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	(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)	Using these four categories, check ONLY the most serious result for each case. Death (G)	Days away from work (H)	Remained at work: Job transfer or restriction (I)	Remained at work: Other record-able cases (J)	Enter the number of days the injured or ill worker was: On job transfer or restriction (K)	Away from work (L)	Check the "Injury" column or choose one type of illness: (M) Injury (1)	Skin disorder (2)	Respiratory condition (3)	Poisoning (4)	All other illnesses (5)
ELK 99886373	[redacted]	Chief Line Technician	2/05 month/day	1351-	Sprain/Strain, Right Knee; -Strained Right K			X		48 days	0 days	X				
ELK 99886376	[redacted]	Chief Line Clearance Tech	3/06 month/day	1331-	Sprain/Strain, Right Knee; -Strained Right K		X			6 days	22 days	X				
ELK 99886379	[redacted]	Meter Reader	6/25 month/day	9006-	Sprain/Strain, Ankle; -stepped in pot hole - s			X		5 days	0 days	X				
Page Totals						0	1	2	0	59	22	3	0	0	0	0

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Injury (1) | Skin disorder (2) | Respiratory condition (3) | Poisoning (4) | All other illnesses (5)

Print Date: 01/23/2003

osha300.rpt 6/18/2001

OSHA's Form 300

Log of Work-Related Injuries and Illnesses

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Year 2002

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

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Establishment name Alliant Energy Corporation - Fond Du Lac

City, State, Zip Fond Du Lac, WI 54935-3419

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	(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)	Using these four categories, check ONLY the most serious result for each case. Death (G)	Days away from work (H)	Remained at work: Job transfer or restriction (I)	Remained at work: Other record-able cases (J)	Enter the number of days the injured or ill worker was: On job transfer or restriction (K)	Away from work (L)	Check the "Injury" column or choose one type of illness: (M) Injury (1)	Skin disorder (2)	Respiratory condition (3)	Poisoning (4)	All other illnesses (5)
FON 99886391	[redacted]	Service Technician	2/08 month/day	0381-	Other, Upper Leg; -Rash On Upper Legs				X	0 days	0 days	X				
FON 99886392	[redacted]	Area Stores Material Handler	2/01 month/day	8100-	Sprain/Strain, Right Elbow; -Right Elbow &		X			62 days	1 days	X				
FON 99886393	[redacted]	Electrician	2/21 month/day	7103-	Cut/Laceration, Left Finger; -Laceration To I Finger (Stitches)				X	0 days	0 days	X				
FON 99886395	[redacted]	Substation Inspector	2/05 month/day	0331-	Sprain/Strain, Multiple Body Parts; -Strainec & Right Groin			X		60 days	0 days	X				
FON 99886398	[redacted]	Line Technician	4/01 month/day	5908-	Sprain/Strain, Left Foot; -Strained To Botton			X		4 days	0 days	X				
FON 99886406	[redacted]	Heavy Trailor Truck Oper.	7/12 month/day	0811-	Contusions/Cuts/Bruise, Right Elbow; Contusions/Crush/Bruise, Right Arm; -injure			X		2 days	0 days	X				
FON 99886408	[redacted]	Area Operations Representative	5/16 month/day	7306-	Inflammation, Multiple Body Parts; -numbn & arms		X			9 days	21 days					
Page Totals						0	2	3	2	137	22	6	0	0	0	0

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Establishment name Alliant Energy Corporation - Fond Du Lac

City, State, Zip Fond Du Lac, WI 54935-3419

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	(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)	Using these four categories, check ONLY the most serious result for each case. Death (G)	Days away from work (H)	Remained at work: Job transfer or restriction (I)	Remained at work: Other record-able cases (J)	Enter the number of days the injured or ill worker was: On job transfer or restriction (K)	Away from work (L)	Check the "Injury" column or choose one type of illness: (M) Injury (1)	Skin disorder (2)	Respiratory condition (3)	Poisoning (4)	All other illnesses (5)
FON 99886412	[redacted]	Gas Technician	7/25 month/day	0331-	Contusions/Cuts/Bruise, Multiple Body Part shoulders, back injured			X		1 days	0 days	X				
FON 99886419	[redacted]	Garage Mechanic	8/30 month/day	6703-	Contusion, Abrasion, Bruise, Right Knee; - F on trailer.			X		7 days	0 days	X				
FON 99886422	[redacted]	Customer Field Rep.	9/25 month/day	5300-	Sting/Bite, Other; -bee sting to tongue				X	0 days	0 days	X				
FON 99886425	[redacted]	Meter Reader	10/02 month/day	9007-	Sprain/Strain, Left Ribs; -strained ribs			X		3 days	0 days	X				
FON 99886428	[redacted]	Line Technician	10/22 month/day	1146-	Fracture, Right Ankle; - Fractured ankle		X			8 days	8 days	X				
FON 99886429	[redacted]	Master Garage Mechanic	10/14 month/day	5206-	Sprain/Strain, Lower Back; -strained lower b		X			21 days	7 days	X				
FON 99886435	[redacted]	Mechanic	12/23 month/day	6703-	Sprain/Strain, Back Back; -Inspecting Autoc Section Fell Out		X			0 days	5 days	X				
Page Totals						0	3	3	1	40	20	7	0	0	0	0

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OSHA's Form 300

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 2002

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

Form Approved OMB no. 1218-0176

You must record information about every work-related death and 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 Part 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.

Establishment name Alliant Energy Corporation - Fond Du Lac

City, State, Zip Fond Du Lac, WI 54935-3419

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	(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)	Using these four categories, check ONLY the most serious result for each case. Death (G)	Days away from work (H)	Remained at work: Job transfer or restriction (I)	Remained at work: Other record-able cases (J)	Enter the number of days the injured or ill worker was: On job transfer or restriction (K)	Away from work (L)	Check the "Injury" column or choose one type of illness: (M) Injury (1)	Skin disorder (2)	Respiratory condition (3)	Poisoning (4)	All other illnesses (5)
FON 99887000	[redacted]	Gas Welding Technician	12/20 month/day	5307-	Hernia, Front Abdomen; -Rebuilding Meter S Bar and Pipe Wrenches	☐	☒	☐	☐	0 days	5 days	☒	☐	☐	☐	☐
Page Totals						0	1	0	0	0	5	1	0	0	0	0

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OSHA's Form 300

Log of Work-Related Injuries and Illnesses

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Year 2002

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

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Establishment name Alliant Energy Corporation - CSC/DDC - Janesv

City, State, Zip Janesville, WI 53545-4079

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	(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)	Using these four categories, check ONLY the most serious result for each case. Death (G)	Days away from work (H)	Remained at work: Job transfer or restriction (I)	Remained at work: Other record-able cases (J)	Enter the number of days the injured or ill worker was: On job transfer or restriction (K)	Away from work (L)	Check the "Injury" column or choose one type of illness: (M) Injury (1)	Skin disorder (2)	Respiratory condition (3)	Poisoning (4)	All other illnesses (5)
C&D 99886382	[redacted]	Customer Service Rep.	5/08 month/day	2802-	Carpal Tunnel Syndrome, Right Wrist; -Righ - Carpal Tunnel Syndrome	☐	☐	☐	☒	0 days	0 days	☐	☐	☐	☐	☒
C&D 99886385	[redacted]	Customer Service Rep.	7/19 month/day	2802-	Sprain/Strain, Right Hand; -numbness right h	☐	☐	☐	☒	0 days	0 days	☒	☐	☐	☐	☐
C&D 99886386	[redacted]	Customer Service Rep.	8/01 month/day	2802-	Inflammation, Hand; -numbness in hands an	☐	☐	☐	☒	0 days	0 days	☒	☐	☐	☐	☐
C&D 99886390	[redacted]	Customer Service Rep.	9/21 month/day	2802-	Allergic Reaction, Lungs; -tightness of throa chemicals	☐	☐	☐	☒	0 days	0 days	☐	☐	☒	☐	☐
Page Totals						0	0	0	4	0	0	2	0	1	0	1

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OSHA's Form 300

Log of Work-Related Injuries and Illnesses

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Year 2002

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

Form Approved OMB no. 1218-0176

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Establishment name Alliant Energy Corporation - Janesville, WI 5354

City, State, Zip Janesville, WI 53545-8812

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	(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)	Using these four categories, check ONLY the most serious result for each case. Death (G)	Days away from work (H)	Remained at work: Job transfer or restriction (I)	Remained at work: Other record-able cases (J)	Enter the number of days the injured or ill worker was: On job transfer or restriction (K)	Away from work (L)	Check the "Injury" column or choose one type of illness: (M) Injury (1)	Skin disorder (2)	Respiratory condition (3)	Poisoning (4)	All other illnesses (5)
JAN 99886383	[redacted]	Line Technician	4/08 month/day	0451-	Sprain/Strain, Lower Back; -Lower Back Str				X	0 days	0 days	X				
JAN 99886384	[redacted]	Customer Field Rep.	3/27 month/day	9006-	Sprain/Strain, Ankle; -Ankle/Foot Strain			X		43 days	0 days	X				
JAN 99886389	[redacted]	Meter Reader	8/12 month/day	9006-	Contusions/Crush/Bruise, Left Foot; -left hee			X		7 days	0 days	X				
Page Totals						0	0	2	1	50	0	3	0	0	0	0

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Print Date: 01/23/2003

OSHA's Form 300

Log of Work-Related Injuries and Illnesses

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Year 2002

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

Form Approved OMB no. 1218-0176

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Establishment name Alliant Energy Corporation - Marion

City, State, Zip Marion, WI 54950-9562

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	(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)	Using these four categories, check ONLY the most serious result for each case. Death (G)	Days away from work (H)	Remained at work: Job transfer or restriction (I)	Remained at work: Other record-able cases (J)	Enter the number of days the injured or ill worker was: On job transfer or restriction (K)	Away from work (L)	Check the "Injury" column or choose one type of illness: (M) Injury (1)	Skin disorder (2)	Respiratory condition (3)	Poisoning (4)	All other illnesses (5)
MAR 99886389	[redacted]	Apprentice Line Mechanic	11/21 month/day	7303-	Contusions/Cuts/Bruise, Right Elbow; -Strip Secondary Wire-Hit elbow on transformer				X	0 days	0 days	X				
MAR 99886402	[redacted]	Line Technician	10/31 month/day	7303-	Sprain/Strain, Back; -strained back				X	0 days	0 days	X				
Page Totals						0	0	0	2	0	0	2	0	0	0	0

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Print Date: 01/23/2003

osha300.mt 6/18/2003

OSHA's Form 300

Log of Work-Related Injuries and Illnesses

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Year 2002

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

Form Approved OMB no. 1218-0176

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Establishment name Alliant Energy Corporation - Mineral Point

City, State, Zip Mineral Point, WI 53565

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	(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)	Using these four categories, check ONLY the most serious result for each case. Death (G)	Days away from work (H)	Remained at work: Job transfer or restriction (I)	Remained at work: Other record-able cases (J)	Enter the number of days the injured or ill worker was: On job transfer or restriction (K)	Away from work (L)	Check the "Injury" column or choose one type of illness: (M) Injury (1)	Skin disorder (2)	Respiratory condition (3)	Poisoning (4)	All other illnesses (5)
MIN 99886408	[redacted]	Line Technician	2/10 month/day	0953-	Sprain/Strain, Upper Back; -Upper Back Stra			X		7 days	0 days	X				
MIN 99886410	[redacted]	Meter Reader	2/11 month/day	9014-	Contusions/Crush/Bruise, Right Hand; -Righ Contusion			X		3 days	0 days	X				
MIN 99886411	[redacted]	Garage Mechanic	2/08 month/day	6704-	Foreign Object, Right Eye; -Foreign Body In				X	0 days	0 days	X				
MIN 99886414	[redacted]	Line Technician	2/27 month/day	7202-	Sprain/Strain, Left Knee; -Left Knee Sprain			X		85 days	0 days	X				
MIN 99886418	[redacted]	Line Technician	3/04 month/day	0915-	Sprain/Strain, Lower Back; -Lower Back Str			X		6 days	0 days	X				
MIN 99886419	[redacted]	Chief Line Tech.	2/12 month/day	7202-	Sprain/Strain, Right Multiple Body Parts; -Ri & Wrist Strain			X		14 days	0 days	X				
MIN 99886430	[redacted]	Line Technician	6/24 month/day	0911-	Sprain/Strain, Lower Back; -Lower Back Str			X		31 days	0 days	X				
					Page Totals	0	0	6	1	146	0	7	0	0	0	0

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OSHA's Form 300

Log of Work-Related Injuries and Illnesses

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Year 2002

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

Form Approved OMB no. 1218-0176

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Establishment name Alliant Energy Corporation - Mineral Point

City, State, Zip Mineral Point, WI 53565

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	(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)	Using these four categories, check ONLY the most serious result for each case. Death (G)	Days away from work (H)	Remained at work: Job transfer or restriction (I)	Remained at work: Other record-able cases (J)	Enter the number of days the injured or ill worker was: On job transfer or restriction (K)	Away from work (L)	Check the "Injury" column or choose one type of illness: (M) Injury (1)	Skin disorder (2)	Respiratory condition (3)	Poisoning (4)	All other illnesses (5)
MIN 99886434	[redacted]	Local Material Coordinator	7/31 month/day	8101-	Sprain/Strain, Back; -strain back				X	0 days	0 days	X				
MIN 99886440	[redacted]	Line Technician	11/20 month/day	-	Sprain/Strain, Right Back; -Stepping up to ge line truck/pulled muscle			X		12 days	0 days	X				
MIN 99886442	[redacted]	Local Rep.	12/06 month/day	5330-	Sprain/Strain, Left Hip; -Stepping up into tru hip-step was missing				X	0 days	0 days	X				
MIN 99886446	[redacted]	Service Technician	12/26 month/day	0981-	Sprain/Strain, Back; -Slipped down basemer stairs-Strained back		X			0 days	18 days	X				
Page Totals						0	1	1	2	12	18	4	0	0	0	0

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OSHA's Form 300

Log of Work-Related Injuries and Illnesses

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Year 2002

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

Form Approved OMB no. 1218-0176

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Establishment name Alliant Energy Corporation - Monroe Operations

City, State, Zip Monroe, WI 53566-2860

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	(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)	Using these four categories, check ONLY the most serious result for each case. Death (G)	Days away from work (H)	Remained at work: Job transfer or restriction (I)	Remained at work: Other record-able cases (J)	Enter the number of days the injured or ill worker was: On job transfer or restriction (K)	Away from work (L)	Check the "Injury" column or choose one type of illness: (M) Injury (1)	Skin disorder (2)	Respiratory condition (3)	Poisoning (4)	All other illnesses (5)
MON 99886366	[redacted]	Line Clearance Tech.	2/11 month/day	0651-	Sprain/Strain, Left Elbow; -Left Elbow Strain				X	0 days	0 days	X				
MON 99886368	[redacted]	Line Technician	5/03 month/day	0611-	Contusions/Cuts/Bruise, Right Finger; -Lacer Right Thumb (Sutures)				X	0 days	0 days	X				
MON 99886369	[redacted]	Line Technician	2/22 month/day	0651-	Sprain/Strain, Back; -Back Strain				X	0 days	0 days	X				
MON 99886370	[redacted]	Customer Field Rep.	5/13 month/day	9006-	Sprain/Strain, Multiple Body Parts; -Strained Knees				X	0 days	0 days	X				
MON 99886371	[redacted]	Line Apprentice	7/30 month/day	7202-	Cut/Laceration, Face; -laceration to lip				X	0 days	0 days	X				
Page Totals						0	0	0	5	0	0	5	0	0	0	0

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OSHA's Form 300

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Year 2002

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

Form Approved OMB no. 1218-0176

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Establishment name Alliant Energy Corporation - Columbia

City, State, Zip Portage, W. 53901

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	(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)	Using these four categories, check ONLY the most serious result for each case. Death (G)	Days away from work (H)	Remained at work: Job transfer or restriction (I)	Remained at work: Other record-able cases (J)	Enter the number of days the injured or ill worker was: On job transfer or restriction (K)	Away from work (L)	Check the "Injury" column or choose one type of illness: (M) Injury (1)	Skin disorder (2)	Respiratory condition (3)	Poisoning (4)	All other illnesses (5)
COL 99886385	[redacted]	Maintenance Welding Technician	1/26 month/day	4504-	Sprain/Strain, Right Shoulder; -Strained Rigl			X		14 days	0 days	X				
COL 99886387	[redacted]	Master Mtce. Tech./Mech./Weld.	2/09 month/day	4504-	Foreign Object, Left Eye; -Foreign Body In I				X	0 days	0 days	X				
COL 99886389	[redacted]	Relief Equipment Oper. Fuels	2/20 month/day	4509-	Bruise/Contusion, Multiple Body Parts; -He: Ankle			X		1 days	0 days	X				
COL 99886403	[redacted]	Maintenance Welding Technician	5/18 month/day	4504-	Sprain/Strain, Bi-lateral Knee; -Strained Kne			X		125 days	0 days	X				
COL 99886405	[redacted]	Unit Operator	5/11 month/day	4503-	Foreign Object, Left Eye; -Foreign Object Le				X	0 days	0 days	X				
COL 99886406	[redacted]	Equipment Operator	5/15 month/day	4503-	Bruise/Contusion, Left Ankle; -Bruised Left			X		8 days	0 days	X				
COL 99886416	[redacted]	Maintenance Technician	8/30 month/day	4504-	Sprain/Strain, Right Knee; -cumulative injur right knee			X		24 days	0 days	X				
					Page Totals	0	0	5	2	172	0	7	0	0	0	0
												Injury (1)	Skin disorder (2)	Respiratory condition (3)	Poisoning (4)	All other illnesses (5)

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Public reporting burden for this collection of information is estimated to average 14 minutes per response, including time to review the instructions, search and gather the data needed, and complete and review the collection of information. Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number. If you have any comments about these estimates or any other aspects of this data collection, contact:US Department of Labor, OSHA Office of Statistics, Room N-3644, 200 Constitution Avenue, NW, Washington, DC 20210. Do not send the completed form to this office.

Print Date: 01/23/2003

osha300.rtf 6/18/2002

OSHA's Form 300

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 2002

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

Form Approved OMB no. 1218-0176

You must record information about every work-related death and 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 Part 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.

Establishment name Alliant Energy Corporation - Columbia

City, State, Zip Portage, W. 53901

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	(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)	Using these four categories, check ONLY the most serious result for each case. Death (G)	Days away from work (H)	Remained at work: Job transfer or restriction (I)	Remained at work: Other record-able cases (J)	Enter the number of days the injured or ill worker was: On job transfer or restriction (K)	Away from work (L)	Check the "Injury" column or choose one type of illness: (M) Injury (1)	Skin disorder (2)	Respiratory condition (3)	Poisoning (4)	All other illnesses (5)
COL 99886425	[redacted]	Equipment Operator	11/17 month/day	4503-	Sprain, Strain, Back; Sprain, Strain, Bi-later -pain in back and shoulder after turning valv			X		3 days	0 days	X				
COL 99886427	[redacted]	Mechanic	10/24 month/day	-	Foreign Object, Right Eye; -Grinding to welc object flew into eye				X	0 days	0 days	X				
COL 99886428	[redacted]	Maintenance Technician	12/13 month/day	PLANT PROPERTY-	Hearing Loss, Ear; -25 Decibel Shift in Hear Coal Fired Power Plant				X	0 days	0 days					X
COL 99886429	[redacted]	Mechanic I	12/19 month/day	PLANT PROPERTY-	Sprain/Strain, Right Shoulder; -Rope tied to l that fell entangled employee's arm			X		8 days	0 days	X				
COL 99886430	[redacted]	Maintenance Tech/Mech./Weld	12/01 month/day	PLANT PROPERTY-	Sprain/Strain, Left Shoulder; -Reached overh channel in place-Strained Shoulder			X		4 days	0 days	X				
					Page Totals	0	0	3	2	15	0	4	0	0	0	1

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Print Date: 01/23/2003

OSHA's Form 300

Log of Work-Related Injuries and Illnesses

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Year 2002

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

Form Approved OMB no. 1218-0176

You must record information about every work-related death and 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 Part 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.

Establishment name Alliant Energy Corporation - Edgewater

City, State, Zip Sheboygan, WI 53082

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	(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)	Using these four categories, check ONLY the most serious result for each case. Death (G)	Days away from work (H)	Remained at work: Job transfer or restriction (I)	Remained at work: Other record-able cases (J)	Enter the number of days the injured or ill worker was: On job transfer or restriction (K)	Away from work (L)	Check the "Injury" column or choose one type of illness: (M) Injury (1)	Skin disorder (2)	Respiratory condition (3)	Poisoning (4)	All other illnesses (5)
EDG 8200211	[redacted]	Master Lab. Tech.	12/03 month/day	U4 Cation Exchanger-#4 Pit-	Bruise/Contusion, Lower Toe; -Rolled Cardl off wooden pallet-Struck Big Toe			X		32 days	0 days	X				
EDG 99886389	[redacted]	Master Mtce. Tech./Mech./Weld.	2/06 month/day	4907-	Foreign Object, Eye; -Foreign Body In Eye				X	0 days	0 days	X				
EDG 99886392	[redacted]	Maintenance Tech/Mech./Weld	3/10 month/day	3107-	Contusions/Crush/Bruise, Right Leg; -Right Contusion			X		8 days	0 days	X				
EDG 99886393	[redacted]	Senior Recurring Proj. Eng.	3/16 month/day	0153-	Cut/Laceration, Head; -Laceration To Foreh Stitches)				X	0 days	0 days	X				
EDG 99886394	[redacted]	Equipment Operator - Fuels	3/10 month/day	4908-	Sprain/Strain, Multiple Body Parts; -Neck & Strain				X	0 days	0 days	X				
EDG 99886399	[redacted]	Maintenance Mechanic	6/24 month/day	8407-	Sprain/Strain, Back; -Back Strain				X	0 days	0 days	X				
EDG 99886402	[redacted]	Master Lab. Tech.	9/09 month/day	8411-	Sprain/Strain, Left Shoulder; - strained left sl			X		21 days	0 days	X				
Page Totals						0	0	3	4	61	0	7	0	0	0	0

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OSHA's Form 300

Log of Work-Related Injuries and Illnesses

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Year 2002

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

Form Approved OMB no. 1218-0176

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Establishment name Alliant Energy Corporation - Edgewater

City, State, Zip Sheboygan, WI 53082

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	(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)	Using these four categories, check ONLY the most serious result for each case. Death (G)	Days away from work (H)	Remained at work: Job transfer or restriction (I)	Remained at work: Other record-able cases (J)	Enter the number of days the injured or ill worker was: On job transfer or restriction (K)	Away from work (L)	Check the "Injury" column or choose one type of illness: (M) Injury (1)	Skin disorder (2)	Respiratory condition (3)	Poisoning (4)	All other illnesses (5)
EDG 99886403	[redacted]	Mech. Mtce. Mech.	9/19 month/day	8407-	Hernia/Rupture, Abdomen; -Removing bolts with wrench		X			0 days	7 days	X				
EDG 99886404	[redacted]	Maintenance Tech/Mech./Weld	9/26 month/day	4807-	Foreign Object, Right Eye; -Metal chip in rig		X			0 days	1 days	X				
EDG 99886405	[redacted]	Laboratory Technician	10/20 month/day	-	Hernia, Left Groin; -Lifting & dropping vacu trying to unplug		X			0 days	8 days	X				
EDG 99886406	[redacted]	Mechanic I	12/04 month/day	1426-	Foreign Object, Right Eye; -Took off burner right eye				X	0 days	0 days	X				
Page Totals						0	3	0	1	0	16	4	0	0	0	0

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Print Date: 01/23/2003

OSHA's Form 300

Log of Work-Related Injuries and Illnesses

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Year 2002

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

Form Approved OMB no. 1218-0176

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Establishment name Alliant Energy Corporation - Dane County

City, State, Zip Verona, WI 53593

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	(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)	Using these four categories, check ONLY the most serious result for each case. Death (G)	Days away from work (H)	Remained at work: Job transfer or restriction (I)	Remained at work: Other record-able cases (J)	Enter the number of days the injured or ill worker was: On job transfer or restriction (K)	Away from work (L)	Check the "Injury" column or choose one type of illness: (M) Injury (1)	Skin disorder (2)	Respiratory condition (3)	Poisoning (4)	All other illnesses (5)
DC 99886388	[redacted]	Meter Reader	1/08 month/day	9006-	Sting/Bite, Left Leg; -Dog Bite To Lower Le				X	0 days	0 days	X				
DC 99886391	[redacted]	Engineering Technician	3/01 month/day	1532-	Sprain/Strain, Lower Back; -Strained Lower		X			7 days	6 days	X				
DC 99886395	[redacted]	Engineering Technician	4/08 month/day	1532-	Sprain/Strain, Right Shoulder; -Right Should			X		34 days	0 days	X				
DC 99886404	[redacted]	Line Technician	6/11 month/day	1553-	Dermatitis, Multiple Body Parts; -Poison Ivy				X	0 days	0 days		X			
DC 99886405	[redacted]	Local Rep. Gas & Elect.	7/08 month/day	1552-	Sprain/Strain, Lower Back; -lower back strai		X			0 days	18 days	X				
DC 99886407	[redacted]	Line Technician	7/18 month/day	1551-	Contusions/Cuts/Bruise, Multiple Body Part struck face- chip tooth			X		7 days	0 days	X				
DC 99886409	[redacted]	Lead Service Technician	3/09 month/day	1581-	Sprain/Strain, Lower Back; -Back pain				X	0 days	0 days	X				
					Page Totals	0	2	2	3	48	24	6	1	0	0	0

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OSHA's Form 300

Log of Work-Related Injuries and Illnesses

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Year 2002

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

Form Approved OMB no. 1218-0176

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Establishment name Alliant Energy Corporation - Energys

City, State, Zip Waupaca, WI 54981

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	(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)	Using these four categories, check ONLY the most serious result for each case.				Enter the number of days the injured or ill worker was :		Check the "Injury" column or choose one type of illness: (M)				
						Death	Days away from work	Remained at work		On job transfer or restriction	Away from work	Injury	Skin disorder	Respiratory condition	Poisoning	All other illnesses
								Job transfer or restriction	Other record-able cases							
						(G)	(H)	(I)	(J)	(K)	(L)	(1)	(2)	(3)	(4)	(5)
ENG 99886365	[redacted]	Service Technician	3/13 month/day	0661-	Cut/Laceration, Left Finger; -Laceration To 1 Stitches)	☐	☐	☐	☒	0 days	0 days	☒	☐	☐	☐	☐
Page Totals						0	0	0	1	0	0	1	0	0	0	0

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