Number of Employees at Risk	Number of Fatalities	Number of Employees Exposed to Harmful Substances or Conditions	Date of Illness	Description of Illness and Injuries, Including Parts of Body Affected	Location	Date of Injury or Onset of Illness	Employee	Job Title	Date of Death	Date of Hospitalization	Time Employee Began Work	Time of Event	Time Employee Stopped Work	Hourly Rate	Date of Birth	Sex	Time Employee Returned to Work	Type of Injury or Illness	Injury Classification
0	00/00/0000		00/00/0000			00/00/0000			00/00/0000							0.00	00:00	00/00/0000	
0	00/00/0000		00/00/0000			00/00/0000			00/00/0000							0.00	00:00	00/00/0000	
0	00/00/0000		00/00/0000			00/00/0000			00/00/0000							0.00	00:00	00/00/0000	
0	00/00/0000		00/00/0000			00/00/0000			00/00/0000							0.00	00:00	00/00/0000	
0	00/00/0000		00/00/0000			00/00/0000			00/00/0000							0.00	00:00	00/00/0000	