U.S. Department of Labor

For Calendar Year 19/ 2001 Page 1 of 1

Company Name: United States Department of Energy

Establishment Name: National Energy Technology Laboratory

Establishment Address: 3610 Collins Ferry Road/P.O. Box 880 Morgantown, WV 26507-0880

Form Approved
O.M.B. No. 1218-0176
See OMB Disclosure Statement on reverse.

Extent of and Outcome of INJURY

Fatalities	Nonfatal Injuries				
	Injuries With Lost Workdays				Injuries Without Lost Workdays
Injury related					
Enter DATE of death. Mo./day/yr.	Enter a CHECK if injury involves days away from work, or days of restricted work activity, or both. (2)	Enter a CHECK if injury involves days away from work. (3)	Enter number of DAYS away from work. (4)	Enter number of DAYS of restricted work activity. (5)	Enter a CHECK if no entry was made in columns 1 or 2 but the injury is recordable as defined above. (6)
	✓	✓	1		✓
0	1	1	1	0	2

Type, Extent of, and Outcome of ILLNESS

Fatalities	Nonfatal Illnesses												
	Type of Illness							Illnesses With Lost Workdays				Illnesses Without Lost Workdays
Illness Related	CHECK Only One Column for Each Illness (See other side of form for terminations or permanent transfers.)											
Enter DATE of death. Mo./day/yr.	Occupational skin diseases or disorders (a)	Dust diseases of the lungs (b)	Respiratory conditions due to toxic agents (c)	Poisoning (systemic effects of toxic materials) (d)	Disorders due to physical agents (e)	Disorders associated with repeated trauma (f)	All other occupational illnesses (g)	Enter a CHECK if illness involves days away from work, or days of restricted work activity, or both. (9)	Enter a CHECK if illness involves days away from work. (10)	Enter number of DAYS away from work. (11)	Enter number of DAYS of restricted work activity. (12)	Enter a CHECK if no entry was made in columns 8 or 9. (13)
						✓						✓
						✓						✓
0	0	0	0	0	0	2	0	0	0	0	0	2

INJURIES

ILLNESSES

Certification of Annual Summary Totals By Rita A. Bayer Title Director, NETL Date 1/21/02

POST ONLY THIS PORTION OF THE LAST PAGE NO LATER THAN FEBRUARY 1.

OSHA No. 200

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