

CONTRACTOR MONTHLY ACCIDENT STATISTICS FORM

Project Number: _____ Month: _____ Year: _____

Project Name: _____

Phase: _____

Name of Contractor: _____

Date of Report _____

Prepared by: _____
(Name, Title and Company)

Single Contractor Report

This is the Contractor's composite report. List names of subcontractors in Remarks and attach a copy of each subcontractor's individual monthly report.

	Total for Month	Total YTD	Project YTD
First Aid Cases			
Cases Requiring Medical Treatment			
* OSHA Recordable Cases			
* OSHA Lost Workday Cases			
* Lost Workdays – Days Away			
* Lost Workdays – Restricted			
* Fatalities			
Total Work Hours			

Remarks:

Notes: If you are a subcontractor, please identify your contractor.

(Name of Contractor)

* As defined by OSHA

Due to Site Management by the fifth calendar day of each month.

CC:
File 0031A