

# Berry Bros. General Contractors, Inc.



**ATTACHMENT: 1**

## MONTHLY SUBCONTRACTOR ACCIDENT STATISTICS REPORT

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FOR: \_\_\_\_\_ (MONTH)      PROJECT NAME: \_\_\_\_\_

SUBCONTRACTOR NAME: \_\_\_\_\_

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Work hours for the month: \_\_\_\_\_ Work hours Year-to-date: \_\_\_\_\_

Number of injuries & illnesses that received treatment by a physician: \_\_\_\_\_

Total number of OSHA Recordable injuries & illnesses: \_\_\_\_\_

Number of Restricted duty cases: \_\_\_\_\_      Number of Lost time (days away) cases: \_\_\_\_\_

Please list all injuries and illnesses which have occurred to employees of your company on the above project this month. Include type of accident, date of accident, accident cause, injury/illness suffered and current disposition of injured/ill employee (i.e., returned to work, still off work, awaiting surgery, etc.):

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Person completing report: (print) \_\_\_\_\_      Title: \_\_\_\_\_

Date: \_\_\_\_\_      Signature: \_\_\_\_\_

Please submit this report to the Safety Manager on the above project by the fifth (5th) of each month, for the preceding month's work activities.