MONTH AND YEAR TO DATE INJURY SUMMARY

Reporting Period: _____

		Hours Worked Month	Hours Worked To-Date	First Aids	Medical Aids	Lost Time Accidents	Total Lost Work Days	Incidents	Accidents	Fire
	January									
	February									
	March									
	April									
	May									
	June									
	July									
	August									
	September									
	October									
	November									
	December									
Total to Date:										

Details of Accidents / Incidents:

Superintendent: _____

Foreman: _____ First Aid Attendant: _____

Date: _____