

MONTHLY INJURY REPORT

Project: _____ **Month:** _____ **CSO:** _____ **Date:** _____

Working days in month: _____ Total days worked (project): _____ Lost time injury in month: _____ Total lost time injury: _____

Average number of workers on site (month): _____ Average number of workers (project): _____

First Aid entries in month: _____ Total First Aid entries (project): _____ Total injury free days (project running total): _____

Type of Injury	General Contractor	Formwork	Steel Workers	Excavation	Electricians	Plumbers	Cement Finisher	Glazers	Sheet Metal	Air conditioner	Pipe Fitters	Sprinklers	Landscaping	Pavers	Steel stud/drywall	Labour	Insulation	Scaffold	Siding	Injury Totals	
Abdomen																					
Abrasion																					
Ankle																					
Arm																					
Back (high)																					
Back (re-injure)																					
Back Strain (Low)																					
Bones (fracture)																					
Burns																					
Chest																					
Ear																					
Elbow																					
Eye impact																					
Eye																					
Eye wash																					
Face impact																					
Face																					
Finger																					
Foot Bruise																					
Foot Crush																					
Foot Puncture																					
Fracture (hand & foot)																					
Hand																					
Head impact																					
Head																					
Heat Exhaustion																					
Hernia																					
Infection																					
Jaw																					
Knee																					
Leg																					
Misc. Cuts																					
Neck																					
Nose																					
Old (recurring)																					
Sprain/strain																					
Palm																					
Rib																					
Shoulder																					
Dislocation																					
Tailbone																					
Toe																					
Wrist																					
TRADE TOTALS																					

MONTHLY INJURY REPORT

Project: _____ Month: _____ CSO: _____ Date: _____

Injury Mechanism	General Contractor	Formwork	Steel Workers	Excavation	Electricians	Plumbers	Cement Finisher	Glazers	Sheet Metal	Air conditioner	Pipe Fitters	Sprinklers	Landscaping	Pavers	Steel stud/drywall	Labour	Insulation	Scaffold	Siding				Mechanism Totals
Caught by																							
Caught under																							
Chemical contact																							
Chemical exposure																							
Crushed																							
Cut by																							
Dust/fumes/gas																							
Electrical shock																							
Explosion																							
Fall from elevation																							
Flash (welding)																							
Flying particles																							
Heat																							
Hypothermia																							
Improper lifting																							
Inhalation																							
Machine/equipment																							
Object falling																							
Over exertion																							
Projectile																							
RSI																							
Saw blade																							
Sliver																							
Stepped on object																							
Struck against object																							
Struck by object																							
Tripped over																							
Tripped onto																							
Tripped down																							
Fatalities																							
TRADE TOTALS																							

TRADES ON SITE

Formwork: _____
 Steel Workers: _____
 Excavation: _____
 Electrician: _____
 Air Condition: _____
 Sprinkler: _____
 Pavers: _____
 Labour: _____
 Scaffold: _____

Plumber: _____
 Cement Finisher: _____
 Glazer: _____
 Sheet Metal: _____
 Pipe Fitter: _____
 Landscape: _____
 Steel stud/drywall: _____
 Insulation: _____
 Siding: _____