

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

1. Total Number Workers Hired \_\_\_\_\_

Total Number Completed Orientations \_\_\_\_\_

2. Total Number Area Team Meetings \_\_\_\_\_

Total Number of Safety Meetings \_\_\_\_\_

Total Number of Safety Committee Meetings \_\_\_\_\_

3. Total Number Monthly Inspections Completed \_\_\_\_\_

Total Unsafe Acts/Conditions Identified \_\_\_\_\_

Total Number Corrected \_\_\_\_\_

4. Total Number of Accidents/Incidents/Illnesses \_\_\_\_\_

Damage Only \_\_\_\_\_

Injury Only \_\_\_\_\_

Injury and Damage \_\_\_\_\_

Lost Time Injury \_\_\_\_\_

Days Lost \_\_\_\_\_

Medical Referrals \_\_\_\_\_

Near Miss \_\_\_\_\_

5. Total Number of Investigations Completed \_\_\_\_\_

Outstanding \_\_\_\_\_

Total Number of Recommendations Made \_\_\_\_\_

Outstanding \_\_\_\_\_

\_\_\_\_\_  
Safety Coordinator

