

## Monthly Safety Report

Project Name: \_\_\_\_\_

UW Project

Number: \_\_\_\_\_

Construction Start Date: \_\_\_\_\_ Construction End Date: \_\_\_\_\_ Data  
for Month of: \_\_\_\_\_ Date Submitted: \_\_\_\_\_

Check here if in the construction phase but not yet mobilized or if substantially complete with no activity on site. ☐

INCIDENT TYPES	Number of Cases			Rates		
	Current Month	Year to Date	Project to Date	Current Month	Year to Date	Total Project
OSHA Recordable Incidents						
DART Incidents						
Lost Work Incidents						
Non-recordables, near misses, etc.						
RECORDABLE INCIDENTS + COMPLETE UW CONTRACT NOTIFICATION REQUIREMENTS 01 35 23 1.5				Current Month	Year to Date	Project to Date
<b>Classify Incident type:</b>						
Fall (e.g. slips, trips, floors, platforms, roofs)						
Struck by/against (e.g.falling objects, vehicles)						
Sprain/Strain/Laceration/Debris in eye						
Caught in/between (e.g.cave-ins, unguarded machinery, equipment)						
Electrical (e.g., overhead power lines, power tools/cords, outlets, wiring)						
Spills/Releases (e.g. hazmat/reg building material - air/water/ground)						
Other (other items e.g. regulatory violations/deficiencies)						
<b>EMPLOYMENT INFORMATION</b>						
(include direct employee and subcontract employees on site)						
Average Daily Number of Employees (FTE's)						
Total Hours Worked by Employees						
<b>PROJECT SAFETY ACTIVITIES</b>						
Safety Orientations Completed						
Safety Huddles/Tool Box/Similar Activities Completed						
Documented Safety Inspections/Hazard Observations Completed						
Incident investigation reports completed (Root Cause Analysis/Improvement)						
Safety Recognition Events (lunches/giveaways)						
Other (other items e.g. Work permits and JHAs completed and accurate)						

Contractor Firm Name	Contractor Representative	Date
Reviewed by UW Construction Project Manager	Date	