

# 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						
<b>Classify Incident type:</b>				<b>Current Month</b>	<b>Year to Date</b>	<b>Project to Date</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	