**Record Keeping and Statistics**

**Safety and Health Activity Summary** Monthly\_\_ Quarterly\_\_ Yearly \_\_

For the Period Ending\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| **Activity** | **Number** | **Notes / Comments** |
| Employees Hired |  |  |
| Employees Orientated |  |  |
| **Safety Talks** |  |  |
| Scheduled |  |  |
| Performed |  |  |
| % Attendance  |  |  |
| **Inspections** |  |  |
| Planned Inspections scheduled |  |  |
| Planned Inspections completed |  |  |
| Substandard Acts/Practices identified |  |  |
| Substandard Acts/Practices corrected |  |  |
| Substandard Conditions identified |  |  |
| Substandard Conditions corrected |  |  |
| **Hazard – Near Miss Reports submitted** |  |  |
| **Incidents** |  |  |
| Damage only |  |  |
| Injury only |  |  |
| Injury and damage |  |  |
| **Investigations** |  |  |
| Number completed |  |  |
| Number outstanding |  |  |
| **Corrective Action (Investigations)** |  |  |
| Number completed |  |  |
| Number outstanding |  |  |
|  |  |  |

Reviewed by Management:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_

Reviewed by Workplace Safety and Health Committee:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_

**Record Keeping and Statistics**

Year End Summary Year \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Number of Incidents** | **Lost Time** | **Real Cost of Incidents** |
| MONTH | Damageonly | Injuryonly | Injury & Damage | Hours | Days | Estimate cost including direct and indirect costs. |
| January |  |  |  |  |  |  |
| February |  |  |  |  |  |  |
| March |  |  |  |  |  |  |
| April |  |  |  |  |  |  |
| May |  |  |  |  |  |  |
| June |  |  |  |  |  |  |
| July |  |  |  |  |  |  |
| August |  |  |  |  |  |  |
| September |  |  |  |  |  |  |
| October |  |  |  |  |  |  |
| November |  |  |  |  |  |  |
| December |  |  |  |  |  |  |

Reviewed by Management:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_

 Reviewed by Workplace Safety and Health Committee:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_