

**CONTRACTOR'S YEARLY SAFETY REPORT**

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CONTRACTOR: \_\_\_\_\_

FOR THE PERIOD OF \_\_\_\_\_ 20\_\_\_\_

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(Check as appropriate)

All required task training is current and documented Yes\_\_\_No\_\_\_

Daily workplace exams are being performed Yes\_\_\_No\_\_\_

Pre-use equipment inspections are being performed on all mobile equipment Yes\_\_\_No\_\_\_

Weekly safety inspections are being conducted Yes\_\_\_No\_\_\_

Weekly group safety meetings are being conducted Yes\_\_\_No\_\_\_

All personal protective equipment required is being worn Yes\_\_\_No\_\_\_

WORK RELATED INJURIES & ILLNESSES

YEAR 2015

Total number of employee hours worked \_\_\_\_\_

Number of lost workday cases \_\_\_\_\_

Number of lost days (from work) or restricted activity days \_\_\_\_\_

Number of medical treatment cases \_\_\_\_\_

Number of first aid cases \_\_\_\_\_

Number of enforcement agency inspections this year: \_\_\_\_\_

Number of enforcement agency deficiency findings this year \_\_\_\_\_

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

Job Title: \_\_\_\_\_

**NOTE: Explain in detail on reverse side any requirements noted as "No". \* Must be documented.**

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