

CONTRACTOR'S YEARLY SAFETY REPORT

CONTRACTOR: _____

FOR THE PERIOD OF _____ 20____

(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 2016

- 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.
