

**CONTRACTOR'S MONTHLY LOST TIME ACCIDENT SUMMARY**

1. Contractor		2. Project and Spec. Number			3. Report for Month of  20		
4. Prepared by: (Signature and title)  ▶				5. Approved by: (Signature and title)  ▶			
6. Contractor (including Subcontractors)	7. Job Description Activity	8. Number of Employees	9. Employee-Hours of Work Exposure	10. Number of OSHA Recordable Incidents	11. Number of Lost-Time Injuries	12. Work Days Lost	
13. Totals - Contractor							
14. Totals - Subcontractors							
15. Totals - Contractor and Subcontractor							
16. CUMULATIVE TOTALS - Contractor and Subcontractors	From (date)	To (Date)					