



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

1. Contractor		2. Project and Spec. Number		3. Report for Month of <p style="text-align: right;">20</p>	
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. Man-Hour Exposure	10. Number of Injuries	11. Work Days Lost
12. Totals - Contractor					
13. Totals - Subcontractors					
14. Totals - Contractor and Subcontractor					
15. CUMULATIVE TOTALS - Contractor and Subcontractors	From (date)	To (Date)			