



1. Contract Details

Contract Name _____

Contractor: _____ Month: _____

Prepared By: _____ Date: _____

2. Performance Indicators

Indicator	Current Month	Cum. Total	Mthly Average
Number of lost time injuries			
Working days lost due to injury			
Number of personnel on return to work plans			
Number of first aid treatment injuries			
Number of hazard inspections/reports conducted			
Number of safety meetings/forums conducted			
Number of inductions completed			

3. Incident Details

Date of Incident	Description	Days Lost

4. OHS Corrective Actions (e.g. e from hazard and incident reports or inspections)

Item No.	Description	Risk Level	Status	
			Open	Closed

5. Comments

Signed _____

Contractor Rep

Date

Fea Rep