The University of Michigan

Monthly Safety Report

(Submit by the 7th of next month)

Project Name: _____ UM Project Number: _____

Construction Start Date: _____ Construction End Date: _____

Data for Month of: _____ Date Submitted: _____

☐ Check here if in the construction phase but not yet mobilized or if substantially complete with no activity on site. Data is not required; Project Manager may submit on behalf of contractor.

INCIDENT TYPES	Number of Cases			U-M Project Goal	Rates		
	Current Month	Year to Date	Project to Date		National Average	Year to Date	Total Project
OSHA Recordable Incidents				0	2.8		
DART Incidents				0	1.7		
Lost Work Incidents				0	1.1		
Non-recordables, near misses, etc.				0	2019 BLS Construction Data		
OSHA RECORDABLE INCIDENTS: *Please classify **Incident type** below and also complete page 2 with details:*					**Current Month**	**Year to Date**	**Project to Date**
Fall (e.g., floors, platforms, roofs)							
Struck by/against(e.g., falling objects, vehicles)							
Caught in/between (e.g., cave-ins, unguarded machinery, equipment)							
Electrical (e.g., overhead power lines, power tools/cords, outlets, wiring)							
Overexertion							
Inhalation							
Heat							
Other (other items not covered above)							
EMPLOYMENT INFORMATION (*includes contract workers*)							
Average Daily Number of Employees (FTE's)							
Total Hours Worked by Employees							

PROJECT SAFETY ACTIVITIES			
Safety Orientations Completed			
Safety Huddles/Tool Box/Similar Activities Completed			
Documented Safety Inspections/Observations Completed			
Disciplinary Actions			
Medical, Fire and Other Emergencies			
MIOSHA Visits			
Safety Recognition Events (lunches/giveaways)			
Safety Recognition Program Awardees (list names on Page 2)			
MIOSHA CITATIONS			
Total number (serious, repeat or willful)			

_____ _____

Contractor Firm Name Reviewed by U-M Project Manager Date

_____

Contractor Representative Date

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DETAILS OF RECORDABLE INJURIES OR ILLNESSES: For all injuries and illnesses listed on page 1, include the date of the injury/illness and a paragraph with details describing the injury/illness, including if the injury/illness resulted in Lost Time **or** Restricted Work Activity/Transfer.

Current Month:

To Date:

SAFETY FIRST CONTRACTOR SAFETY RECOGNITION PROGRAM AWARDEES: List names of employees recognized under GC/Trade Contractor's Safety Recognition Program

Name of Awardee	Subcontractor/Trade Contractor	Date (MM/YYYY)