

MONTHLY LOG AND SUMMARY OF OCCUPATIONAL INJURIES AND ILLNESSES, GSA REGIONAL EMPLOYEES

REPORTS CONTROL SYMBOL **PB-39** REGION MONTH PAGE OF PAGES

SECTION I - SUMMARY OF MONTHLY EXPERIENCE

REFER TO COLUMNS IN SECTION II	IRMS		FSS		PBS		CO		STAFF		TOTAL	
	CASES	DAYS	CASES	DAYS	CASES	DAYS	CASES	DAYS	CASES	DAYS	CASES	DAYS
10												
11												
12												
13												
14												
15												
16												
MANHOURS WORKED												

SECTION II - LOG OF INJURIES *(Continue on GSA Form 159-A, if necessary)*

ENTRY NO.	SERVICE AND ORG. CODE	DATE OF INJURY	NAME	GS SERIES/ GRADE	NAME OF OCCUPATION	NATURE OF INJURY/ ILLNESS	TYPE OF INJURY/ ILLNESS	PARTS OF BODY INJURED	TRAUMATIC INJURY			ILLNESSES/ DISEASES							
									11.	12.	13.	14.	15.	16.	17.	18.			
1.																			

REPORT PREPARED BY *(Name and title)* DATE PREPARED REGIONAL ADMINISTRATOR *(Signature)* DATE SIGNED