

**Monthly Accident Report**

**Contractor Name:** \_\_\_\_\_

**Specifications No.:** \_\_\_\_\_

Attn: Safety Office  
 Bureau of Reclamation  
 Construction Engineer  
 MP Construction Office  
 PO Box 988  
 Willows, CA 95988

Phone: 530-934-7066 Ext. 376 or 353

FAX: 530-934-7679

Email: \_\_\_\_\_

For the month of: \_\_\_\_\_

Average number employed: \_\_\_\_\_ Total man-hours for month: \_\_\_\_\_

Number of first aid cases: \_\_\_\_\_

Number of *greater* than first aid injuries: \_\_\_\_\_

Number of days away injuries: \_\_\_\_\_ Total days away: \_\_\_\_\_

Number of transfer/restricted duty cases: \_\_\_\_\_ Total days transferred/restricted: \_\_\_\_\_

Number of property damage incidents: \_\_\_\_\_ (Where dollar loss was in excess of \$2,500.)

Name	Occupation	Date of Injury	Type of Case	Nature of Injury

(FA = First Aid Only, NLT = Medical Attention Injury, LT = Lost Time Injury)

Number of Tool Box Safety Meetings: \_\_\_\_\_

Other Safety meetings (supervisory, group, special, etc.): \_\_\_\_\_

Remarks: \_\_\_\_\_

**\* If contract is ending, please put the date of completion:** \_\_\_\_\_

**\*\* NO LATER THAN THE THIRD DAY OF EACH MONTH.** Submit original to the US Bureau of Reclamation.

\_\_\_\_\_  
 Contractor's Authorized Representative

\_\_\_\_\_  
 Date