

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 | | | |
| DART Incidents | | | | 0 | | | |
| Lost Work Incidents | | | | 0 | | | |
| Non-recordables, near misses, etc. | | | | 0 | 2016 BLS Construction Data | | |
| OSHA RECORDABLE INCIDENTS: <i>Please classify Incident type below and also complete page 2 with details:</i> | | | | | 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 <i>(includes contract workers)</i> | | | | | | | |
| 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 _____

