

The University of Michigan  
**Monthly Safety Report**  
 (Submit by the 7<sup>th</sup> 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	2023 BLS Construction Data		
<b>OSHA RECORDABLE INCIDENTS:</b> <i>Please classify <b>Incident type</b> below and also complete page 2 with details:</i>					<b>Current Month</b>	<b>Year to Date</b>	<b>Project to Date</b>
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)							
<b>EMPLOYMENT INFORMATION</b> <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)							
<b>MIOSHA CITATIONS</b>							
Total number (serious, repeat or willful)							

Contractor Firm Name \_\_\_\_\_

Reviewed by U-M Project Manager \_\_\_\_\_ Date \_\_\_\_\_

Contractor Representative \_\_\_\_\_ Date \_\_\_\_\_

