## CONTRACTORS MONTHLY SUMMARY OF OCCUPATIONAL INJURIES/ILLNESSES EXPERIENCE

The prime contractor will submit this completed form to the contracting office's representative by the first day of each month. Included on this form will be the contractors, subcontractors, and suppliers onsite injury/illness experience for the previous reporting period. Reporting period cutoff dates can coincide with appropriate pay periods as long as the ending date of this current report is the beginning date of the next report. All form terms are defined in Appendix DD of *Reclamation Safety and Health Standards* or elsewhere on this form.

REPORTING PERIOD – STARTING ENDING										
CONTRACTOR,					RECORDABLE CASES			INCIDENT RATES		
SUBCONTRACTOR SUPPLIER – SPEC. NO.	TYPE OF CONSTRUCTION	NO. EMPLOYEES	MAN-HOURS EXPOSURE	LOST WORKDAYS	TOTAL	DEATHS	LOST WORKDAY CASES	TOTAL CASES	DEATH AND LOST WORKDAY CASES	LOST WORKDAYS
1	2	3	4	5	6	7	8	9	10	11
PRIME CONTRACTOR										
NAME										
SPEC. NO.										
SUBCONTRACTOR										
SUPPLIERS										
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TOTA	-									
CUMULATIVE TOTAL										

- Column 1. Name of General Contractor and General Specification No. only. Combine all subcontractor and/or supplier data under respective headings. Cumulative totals start from first day of onsite work under the specification.
- Column 2. Major classification or type of work for contractor (earth dam, concrete dam, canals, tunnel, pumping plant, power facilities, etc.). Minor classification to supplier or subcontractor (concrete work, earthwork, repair work, etc.).
- Column 3. Average number of employees during reporting period. Include only onsite personnel. Number of subcontractor or supplier employees can be estimated by dividing number of estimated man-hours by 8 x number of days in reporting period (Number of man-hour) (8 x number of days of reporting period)
- Column 4. Actual man-hours of onsite exposure. Do no include vacation time, holidays, down periods, etc.
- Column 5. Lost workdays include actual days from work, restricted workdays, and days worked in another assigned position. (See Appendix DD of *Reclamation, Safety and Health Standards* for detailed explanation of lost workdays and restricted work.)
- Column 6. Total of fatalities, lost workday cases, restricted work cases or transfer to other job cases, and medical cases reported on all forms 7-2077. Contractor's Report of Recordable injury/illness, submitted during the reporting period covered on this form.
- Column 7. Fatalities are charged to date of injury or onset of illness regardless of date of death.
- Column 8. Includes all cases submitted during this reporting period on forms 7-2077, Contractor's Report of Recordable Injury/Illness, that show figures under headings entitled, "Workdays lost time" or "Days of restricted work or transfer to other job." (See Appendix DD of Reclamation Safety and Health Standards.)

Column 9, 10, 11. Incident rates are defined on the number of injuries/illnesses or lost workdays related to a common exposure base-100 full-time workers or 200,000 man-hours of exposure (100 workmen x 40hrs/week x 50 weeks/year = 200,000). These rates are calculated as follows:

Total Cases (column 9) = Total cases (column 6) x 200,000
Man-hours of Exposure (column 4)

Death, and lost Workday cases (column 10) Deaths (column 7) and lost workday cases (column 8) x 200,000

Man-hours of exposure (column 4)

Lost workdays (column 11)

Lost workdays (column 5) x 200,000 Man-hours of exposure (column 4)