

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	3.6		
DART Incidents				0	2.0		
Lost Work Incidents				0	1.3		
Non-recordables, near misses, etc.				0	2014 BLS Construction Data		
OSHA RECORDABLE INCIDENTS: Please classify <u>Incident type</u> below and also complete page 2 with details:					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 (includes contract workers)							
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 _____

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DETAILS OF RECORDABLE INJURIES OR ILLNESSES: For all injuries and illnesses listed on page 1, include the date of the injury/illness and a paragraph with details describing the injury/illness, including if the injury/illness resulted in Lost Time or Restricted Work Activity/Transfer.

Current Month:

To Date:

SAFETY FIRST CONTRACTOR SAFETY RECOGNITION PROGRAM AWARDEES: List names of employees recognized under GC/Trade Contractor's Safety Recognition Program

Name of Awardee	Subcontractor/Trade Contractor	Date (MM/YYYY)