

\_\_\_\_\_

Company Name

For the Period Ending: \_\_\_\_\_

Month/Year

**Monthly**
                         
  **Quarterly**
                         
  **Yearly**

1. Number of Workers Hired: \_\_\_\_\_
- Number completed Orientation: \_\_\_\_\_
  
2. Number of Tool Box Meetings Scheduled: \_\_\_\_\_
- Number Conducted: \_\_\_\_\_
- Percentage Attendance: \_\_\_\_\_
  
3. Number of Formal Inspections Scheduled: \_\_\_\_\_
- Number Completed: \_\_\_\_\_
- Total Unsafe Acts/Conditions Identified: \_\_\_\_\_
- Number Corrected: \_\_\_\_\_
- Number Outstanding: \_\_\_\_\_
  
4. Number of Incidents \_\_\_\_\_
- Damage Only: \_\_\_\_\_
- Injury Only: \_\_\_\_\_
- Injury and Damage: \_\_\_\_\_
- Near Miss: \_\_\_\_\_

Number of Investigations \_\_\_\_\_

   Completed: \_\_\_\_\_

   Outstanding: \_\_\_\_\_

Number of Recommendations Made: \_\_\_\_\_

   Completed: \_\_\_\_\_

   Outstanding: \_\_\_\_\_

Comments: \_\_\_\_\_

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\_\_\_\_\_

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<b>Manager's Signature:</b>	<b>Date:</b>
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