

Environmental Health and Safety
Monthly Contractor Construction Safety Statistic Report

MICHIGAN STATE
 UNIVERSITY

Project Name: _____ MSU Project No: _____
 Contractor Name: _____ Cont. Project No: _____
 Construction Start: _____ Projected Finish: _____
 Data Updated Through: _____ Date Submitted: _____

| Incident Type | Number of Cases | | | Rates* | | |
|---|-----------------|--------------|-----------------|------------------|--------------|-----------------|
| | Current Month | Year to Date | Project to date | National Average | Year to Date | Total Project |
| OSHA Recordable Incident | | | | | | |
| Lost Work Incidents | | | | | | |
| DART Incidents | | | | | | |
| Near Misses | | | | | | |
| OSHA Recordable Incidents: (Classify below and complete page 2 with details) | | | | Current Month | Year to Date | Project to Date |
| Fall (same level and from elevation) | | | | | | |
| Struck By (e.g., falling objects, vehicles, and equipment) | | | | | | |
| Caught In/Between (e.g., cave-ins, unguarded machinery, equipment) | | | | | | |
| Electrical (e.g., power lines, power tools/cords, outlets, wiring) | | | | | | |
| Other (e.g., burns, cuts, and other not listed above) | | | | | | |
| Non-OSHA Recordable Incidents: (Classify below and complete page 2 with details) | | | | Current Month | Year to Date | Project to Date |
| Clinic Visit | | | | | | |
| First Aid Case (see MIOSHA Part 11, R408.22105 Definitions) | | | | | | |
| Other Non-Recordable Incident | | | | | | |
| Employment Statistics (includes contract workers) | | | | Current Month | Year to Date | Project to Date |
| Average Daily Number of Employees (FTE's) | | | | | | |
| Total Hours Worked by Employees | | | | | | |
| Total Overtime Hours Worked by Employees | | | | | | |

| | | |
|------------------------------------|---|---|
| <u>Incident Rate Calculation:*</u> | = | <u>Total Number of Injury and Illness Cases x 200,000</u> Hours Worked |
|------------------------------------|---|---|

Created By: _____ Date: _____
 (Contractor Site Safety Officer)

Approved By: _____ Date: _____
 (Contractor Project Manager)

Official Use Only

Received By: _____ Date: _____

**Environmental Health and Safety
Monthly Contractor Construction Safety Statistic Report**

| Project Safety Activities | Current Month | Year to Date | Project to Date |
|-------------------------------------|---------------|--------------|-----------------|
| Safety Orientations Completed | | | |
| Tool Box Talks | | | |
| Task Safety Plans | | | |
| Monthly EHS Meeting | | | |
| High Hazard/Plan of the Day Meeting | | | |
| Documented Safety Inspections | | | |
| Medical, Fire, or Other Emergencies | | | |
| Confined Space Permit | | | |
| Hot Work Permit | | | |
| Lockout/Tag-out (Added) | | | |
| Lockout/Tag-out (Removed) | | | |
| Stormwater Inspections (MSU) | | | |
| Industrial Hygiene Sampling | | | |
| Approved Changes to the CEHSP | | | |

| Regulatory Agency Interactions | | | |
|--------------------------------|--|--|--|
| MIOSHA/OSHA Visits | | | |
| MIOSHA/OSHA Citations | | | |
| Other Than Serious | | | |
| Serious | | | |
| Willful | | | |
| Repeat | | | |
| Other Agencies (EPA, DEQ, etc) | | | |

| Discipline (if yes, provide detail below) | Yes | No | N/A |
|---|-----|----|-----|
| Worker Reprimanded | | | |
| Worker Removed from Site | | | |

| |
|--|
| Brief Summary of Significant or Noteworthy EHS Activities: |
| |