

DEPARTMENT _____

DATE: for month of December 2014

MONTHLY DEPARTMENT SAFETY REPORT

ACCIDENTS INVOLVING DEPARTMENT VEHICLES _____

INJURIES FROM VEHICLE ACCIDENTS _____

INJURIES NOT REQUIRING MEDICAL ATTENTION _____

INJURIES REQUIRING HOSPITALIZATION _____

LOST WORK DAYS DUE TO INJURIES _____

DAYS ON MODIFIED JOB DUTIES _____

EXPOSURE(S) TO BLOOD OR BODY FLUIDS _____

HEALTH & SAFETY HAZARDS REPORTED *(to you)* _____

HEALTH & SAFETY HAZARDS CORRECTED _____

NEAR MISSES REPORTED _____

MAN-HOURS ON SAFETY TRAINING _____

NUMBER OF PERSONNEL ON SAFETY TRAINING _____

COMMENTS _____
