



Project Name: _____ Month: _____

Project No.: _____ Date Prepared: _____

Subcontractor: _____

1. Hours Worked

2. Average Daily Work Force

3. Total Hours to Date

4. Reportable Injuries (This Month)

5. Lost Time Injuries (This Month)

6. Summary of Any Injuries Listed Above

7. **CERTIFICATION:** I certify that the above report is completed correct and that I, or my authorized representative, have inspected all work performed this day by the Contractor and have determined that materials, equipment, and workmanship are in compliance with the plan and specifications, except as may be noted above.

Quality Control/Safety Representative