



CONTRACTOR'S ACCIDENT STATISTICS SUMMARY REPORT

Project Number _____

Date (yyyy/mm/dd) _____

Description _____

Award Date (yyyy/mm/dd) _____

Completion Date (yyyy/mm/dd) _____

Contractor Name _____

Report Year _____	Total Number of All Hours Worked by All Contractor's & Sub-contractor's Workers	Number of Reportable Accidents & Incidents	Number of Days Lost Due to Lost Time Accidents	Total Cost for Damage to Equipment or Material
Jan				
Feb				
Mar				
Apr				
May				
Jun				
Jul				
Aug				
Sep				
Oct				
Nov				
Dec				
Totals				

Contractor's designated authority – Signature _____

Print name of Contractor's designated authority _____

Provide one form for each calendar year and submit to Ministry Representative upon request.