

Appendix I: Health and Safety Statistics - Monthly Return

From Contractor: _____ to SPDC Contract Holder (for confirmation and signature), then to HSE-PLGD (for input into dat

CONTRACT NUMBER:	EPG-PN-CFSD1	
NAME OF COMPANY:	ILTA	
RETURN FOR THE MONTH OF:	AUGUST, 2009	
Number of EMPLOYEES WORKING ON CONTRACT:	48	
Number of MAN-HOURS worked (including any overtime) in the month:	8448	
Number of FATALITIES & PERMANENT DISABILITIES in the month:	-	
Number of LOST WORKDAY CASES in the month: (LWC)	-	
Number of RESTRICTED WORK CASES in the month: (RWC)	-	
Number of MEDICAL TREATMENT CASES in the month: (MTC)	-	
Number of FIRST AID CASES in the month: (FAC)	-	
Number of NEAR MISSES in the month: (SEVERITY 0)	-	
Number of OCCUPATIONAL ILLNESSES in the month: (TROI)	-	
Number of CALENDAR MAN-DAYS LOST due to SICKNESS ABSENCE	-	
Number of NON-INJURIOUS (SEVERITY 4 OR 5) INCIDENTS in the month which are NOT included above:	-	
Number of NON-ACCIDENTAL DEATHS in the month: (NAD)	-	
Number of ROAD TRAFFIC ACCIDENTS in the month: (RTA)	-	

MONTHLY DRIVING STATISTICS	NO. OF VEHICLES/CRAFTS	KM/MILAGE DRIVEN
Vehicles above 3500 kg gvw		
Personnel Carriers		
Light Marine Vessels		
Tug Boats		
Other vehicles/Vessels	6	21170

Names of INJURED PEOPLE ABSENT FROM WORK OR ON RESTRICTED WORK during the month:

NAME	DATE

Names of previously injured people, CERTIFIED FIT TO RETURN TO WORK during the month, following an LTI absence or a period of restricted work.

NAME	DATE

Signed by Contractor's Authorised Rep.:		Signed by Contract Holder:	
Position in Company:		Reference Indicator:	
Date:		Date:	

NOTES:

All returns should relate to the previous calendar month only.
The average may be taken as the total number of employees when fluctuations occur.