

Appendix 1: Health and Safety Statistics- Monthly Return

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

CONTRACT NUMBER:	EPG-PN-CFSD1	
NAME OF COMPANY:	IITA	
RETURN FOR THE MONTH OF:	JULY, 2009	
Number of EMPLOYEES WORKING ON CONTRACT:	48	
Number of MAN-HOURS worked (including any overtime) in the month:	8064	
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: (TROJ)	-	
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	19438

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

NAME	DATE
	WAS CERTIFIED UNFIT ON
	WAS CERTIFIED UNFIT ON
	WAS CERTIFIED UNFIT ON

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
	RETURNED TO WORK ON
	RETURNED TO WORK ON
	RETURNED TO WORK ON

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.