



International Institute of Tropical Agriculture

High Rainfall Station, Onne, P M B 008, Nchia-Eleme, Rivers State, Nigeria, E-mail: IITA-Onne@Cgiar.Org
International mailing address: IITA, c/o Lambourn (UK) limited, Carolyn House, 26 Dingwall Road, Croydon CR9
3EE, UK

Internal Memorandum

To: Contracts & Grants Office

Date: July 7, 2009

From: Mrs N. Overe-Pee

Copy: G. Tarawali

Subject: Health and Safety Statistics – June, 2009.

Please find attached, the monthly health and safety statistics returns for the month of June, 2009..

Thank you.

Appendix I: Health and Safety Statistics - Monthly Return

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

CONTRACT NUMBER:	EPC ₁ -PN-CFSD1
NAME OF COMPANY:	IITA
RETURN FOR THE MONTH OF:	JUNE, 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)	1
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	5	12352

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.