

# SAFETY REPORT

FORMAT NO.:

Month: \_\_\_\_\_

Report No.: \_\_\_\_\_

SAFETY MEETING				
Department	First Week Attendance	Second Week Attendance	Third Week Attendance	Fourth Week Attendance

ACCIDENT / INCIDENT				
#	INVESTIGATION	CURRENT MONTH	PREVIOUS MONTH	CUMMULATIVE UP TO DATE

MEETING AGENDA / SUBJECTS
FIRST MEETING / FIRST WEEK
SECOND MEETING / SECOND WEEK
THIRD MEETING / THIRD WEEK

FORMAT NO.:

FOURTH MEETING / FOURTH WEEK

MAN HOURS						
DESCRIPTION	CURRENT MONTH		PREVIOUS MONTH		CUMMULATIVE UP TO DAY	
	MAN POWER	MAN HOURS	MAN POWER	MAN HOURS	MAN POWER	MAN HOURS

PPE ( PERSONAL PROTECTIVE EQUIPMENT)				
Description	Date	In	Out	Stock

MANAGEMENT COMMENTS / SUGGESIONS

SAFETY OFFICER SIGNATURE:

MANAGEMENT REPRESENTATIVE

DATE:

DATE: