

SAFETY ACTIVITY SUMMARY

Date			
Circle one	Monthly	Quarterly	Yearly
			Notes
# of workers hired			
# of completed orientations			
# of Sched toolbox meetings			
Number conducted			
Percentage attended			
# of sched formal inspections			
Number completed			
Hazards/unsafe acts identified			
Number corrected			
Number of incidents			
Damage only			
Injury only			
Both			
Near misses			
# of investigations completed			
Number outstanding			
# of recommendations made			
Number outstanding			
Comments			
Supervisors signature:			Date: