Report Number: Week Start Date:

Week Start Date: Week Ending Date:

1. **Weekly Cumulative Safety Statistics**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| S/# | Title | This Week Figures | | Cumulative |
| 01 | Safe Man Hours Worked | **0** | | **0** |
| 02 | Total Man Hours | **0** | | **0** |
| 03 | Man Hours Since LTA (Mega Project LTA) |  | **0** | **0** |
| 03 | Man Power | Direct | **0** | N.A. |
| In-Direct | **0** |
| Total | **0** |
| 04 | Fatality Case (Fatal) | **0** | | **0** |
| 05 | Lost Workday Case (LWC) | **0** | | **0** |
| 06 | Restricted Workday Case (RWC) | **0** | | **0** |
| 07 | Medical Treatment Case (MTC) | **0** | | **0** |
| 08 | First Aid Case (FAC) | **0** | | **0** |
| 09 | Property Damage (PD) | **0** | | **0** |
| 10 | Near Miss (NM) | **0** | | **0** |
| 11 | Motor Vehicle Accident (MVA) | **0** | | **0** |
| 12 | Fire Incident (FI) | **0** | | **0** |
| 13 | Environmental Incident | **0** | | **0** |
| 14 | Total Number of First Aid Cases | **0** | | **0** |
| 14 | Total Number of Recordable Injuries | **0** | | **0** |
| 15 | Number of Lost Work Days | **0** | | **0** |
| 16 | Number of Restricted/ Job Transfer Days | **0** | | **0** |
| 17 | Total Number of Days Lost | **0** | | **0** |
| 18 | Total Recordable Incident Rate (TRIR) | **0** | | **0** |
| 19 | Lost Time Incident Rate (LTIR) | **0** | | **0** |
| 20 | Safe Man Days | **0** | | **0** |

**Note:**

**2. Narration of Incident/Accident and Near Miss Reported This Week**

|  |  |
| --- | --- |
|  | |
| 1 | INSERT DATE/TIME AND NARRATIVE OF ANY AND ALL INCIDENTS (FIRST AID, PROPERTY DAMAGE, FIRE, ENVIRONMENTAL INCIDENT, ETC.) AND NEAR MISSES OCCURING ON SITE |

**3. Other HSE Activities**

|  |  |  |
| --- | --- | --- |
| Description | This Week | Cumulative |
| Safety Walkthrough | **0** | **0** |
| Safety Audits | **0** | **0** |

**Safety Highlights**

* **INSERT WEEKLY HIGH POINTS**

1. **Observations and Findings** (Current Week)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Sr. No | Company Name | Observations | | Remarks |
| Pending | Closed |
| 1. |  | 0 | 0 |  |
| 2. |  | 0 | 0 |  |
| 3. |  | 0 | 0 |  |
| TOTAL | | 0 | 0 |  |

1. **Toolbox Topics / Training Delivered**

|  |  |
| --- | --- |
| This Week | Cumulative |
| 0 | **0** |

* 1. **List of Tool box Topics**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | TOPIC | HOURS | PERSONNEL | TIME |
| 1 | **INSERT TOPICS** |  |  |  |
| 2 | ***Example Below*** |  |  |  |
| 3 | **Hot Work and Fire Extinguishers** | **.5** | **16** | **8** |
| 4 | **Heat Stress and Water** | **.25** | **14** | **3.5** |
| 5 | **Fatigue and Driving** | **.5** | **22** | **11** |
| 6 |  |  |  |  |
|  | **TOTAL** | **1.25** | **52** | **22.5** |

* 1. **List of Training Topics**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **TOPIC** | **HOURS** | **PERSONNEL** | **TIME** |
| **1** | **INSERT TOPICS** |  |  |  |
| **2** |  |  |  |  |
| **3** |  |  |  |  |
| **4** |  |  |  |  |
| **5** |  |  |  |  |
| **6** |  |  |  |  |
|  | **TOTAL** |  |  |  |

**Prepared By: Approved By:**