

Contractor Name: _____ Month & Year: _____
 Contract /Project: _____ Contract Number: _____
 Start Date: _____

Date of Last LWC	MAN-HOURS		
	This Month	Cumulative Total	Since Last LWC

Data Description	Code	This Month	Cumulative Total
Lost Workday Cases	LWC		
Lost Workdays	LWD		
Restricted Workday Cases	RWC		
Medical Treatment Cases	MTC		
Occupational Illness Cases			
First Aid Cases	FAC		
Other Incidents (Fire, Property Damage, traffic)			
Near Miss Incidents	NM		
Infringement Notifications			
HSE Training			
HSE Audits			
Periodic Medical Examination Conducted			

Details of Accident, Near Miss or Other Incidents* (Fire, Property Damage, Traffic)

Date & Location	Name, E/No. & Title	Brief Description	Action Recommended

Details of HSE Training *

Date	No. of Participants	Topics

Note: Provide monthly & YTD update for Training Intensity (TI= Training Manhours / Total No. of Employees)

Details of HSE Violations *

Date	Name, E/No. & Title	Brief Description of Violation	Action Taken

Details of HSE Audits *

Date	No. of Participants	Recommendation	Action Taken

* Attach Separate sheet for further details

Data Prepared By: _____

 Print Name & Sign

 Contractor Manager / Representative

Tel. No.: _____

Tel. No.: _____

NOTE: A copy of report to be submitted to Contract Custodian within first two working days of following month

If mandated by KNPC or if Environment Report is required to be submitted, Contractor's Monthly Environmental Report shall be provided.