Company Name:

**Monthly Injury Summary** Year:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Personal Injury Cases** | |  | | |
| **Job Location** | **Lost Time Cases** | **Medical Referral** | **Days Lost** | **Frequency** | **Severity** |
| 1. |  |  |  |  |  |
| 2. |  |  |  |  |  |
| 3. |  |  |  |  |  |
| 4. |  |  |  |  |  |
| 5. |  |  |  |  |  |
| 6. |  |  |  |  |  |
| 7. |  |  |  |  |  |
| 8. |  |  |  |  |  |
| 9. |  |  |  |  |  |
| 10. |  |  |  |  |  |
| **Total** |  |  |  |  |  |
| **Manager's Signature:**  **Date:** | | | **Average:** |  |  |