

FVAGC SAFETY EXCELLENCE AWARDS
Quarterly Workers' Accident Statistics Report

Company Name: _____

Safety Contact: _____

Month: _____ Year _____

Total Employees Hours Worked: _____

Total Number of Recordable Cases for this Month H+I+J = _____

Total Number from Column **H** of 300 Log: _____

Total Number from Column **I** of 300 Log: _____

Total Number from Column **J** of 300 Log: _____

Total Number of Fatalities: _____

Total Employee Hours of Safety Training: _____

Month: _____ Year _____

Total Employees Hours Worked: _____

Total Number of Recordable Cases for this Month H+I+J = _____

Total Number from Column **H** of 300 Log: _____

Total Number from Column **I** of 300 Log: _____

Total Number from Column **J** of 300 Log: _____

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