

DATA REQUIREMENTS DESCRIPTION

1a. DRD Title: Monthly Accident Report 1b. Data Type: 1	2. Date of Current Version June 2009	3. DRL Line Item No. 3	RFP/Contract No. NND09286137R
4. Use (Define need for, intended use of, and/or anticipated results of data) Establishes monthly compliance for Contractors providing support to NASA-DFRC. ***The Office of Primary Responsibility for this DRD is DFRC Safety and Mission Assurance.		5. DRD Category <input type="checkbox"/> Technical <input type="checkbox"/> Administrative <input checked="" type="checkbox"/> SR&QA	
6. References (PWS, Clause, etc.)		7. Interrelationships (e.g., with other DRDs)	

8. PREPARATION INFORMATION:

FREQUENCY OF SUBMISSION. Monthly submission due the 10th of every month.

FORMAT: Dryden Form D-WK 34-8, Contractor Monthly Accident Report

DISTRIBUTION: The Contractor will send electronic copies to each of the following:

Contracting Officer
 Contracting Officer's Technical Representative
 Safety and Mission Assurance

CONTENTS: The following information will be provided on the Contractor Monthly Accident Report form:

- (a) Average number of employees this month
- (b) Number of work hours worked this month
- (c) Number of injuries this month
- (d) Number of lost time injuries this month
- (e) Lost time days this month
- (f) Total work hours worked year-to-date
- (g) Total lost time occurrences year-to-date
- (h) Total lost time days year-to-date