Clear

Contractor Monthly Accident Report

Please return to Safety, Health, and Environmental Quality Office	CONTRACT CODE:	FY NASA:	MONTH REPORTING:

1. CONTRACT NUMBER NAS:

2. COMPANY NAME:

3. CONTRACT MONITOR *(NASA)*:

3a. EXTENSION:

3b. MAIL STOP:

4. AVERAGE NUMBER OF EMPLOYEES THIS MONTH:

5. NUMBER OF WORK HOURS WORKED THIS MONTH:

6. NUMBER OF INJURIES THIS MONTH: **

7. NUMBER OF LOST TIME INJURIES THIS MONTH: **

8. LOST TIME DAYS THIS MONTH:

TOTALS *(NASA Fiscal Year)**

9. TOTAL WORK HOURS WORKED YEAR-TO-DATE:

10. TOTAL LOST TIME OCCURRENCES YEAR-TO-DATE:

11. TOTAL LOST TIME DAYS YEAR-TO-DATE:

PREPARED BY:

PHONE NUMBER:

ADDRESS OR MAIL STOP:

* NASA Fiscal Year = *(October 1 - September 30)*

** Please attach NASA Form 1627 *(Mishap Report)* for any injuries requiring more than first aid if not already submitted.