DATA REQUIREMENTS DESCRIPTION

1a. DRD Title: Contractor Monthly Accident Report **1b. Data Type:** 2	**2. Date of Current Version** January 23, 2015	**3. DRL Line Item No.** 3	**RFP/Contract No.** NND15520845R
4. Use (Define need for, intended use of, and/or anticipated results of data) Establishes monthly compliance for Contractors providing support to NASA-AFRC. ***The Office of Primary Responsibility for this DRD is AFRC Safety and Mission Assurance.			**5. DRD Category** _Technical ___Administrative X SR&QA
6. References (PWS, Clause, etc.) 8715.3C, NASA General Safety Program Requirements Performance Work Statement Paragraph 5.2.3		**7. Interrelationships** (e.g., with other DRDs)	

8. PREPARATION INFORMATION:

FIRST SUBMISSION DATE: 30 Days after contract award.

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

FORMAT: Form, Contractor Monthly Accident Report

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

Contracting Officer
Contracting Officer's Representative
Safety and Mission Assurance

INSTRUCTIONS:

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

CONTENTS:

(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