

Quarterly Safety Report

U.S. Department of Housing
and Urban Development
Office of Administration



RMS BB08-00068R

Cal. Year Quarter :	Region No.:
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Lost Time Injury	Name of Employee	City	Date of Injury	Type	No. of Hours	
					Absent from Work	Temporarily Assigned, etc.
1.						
2.						
3.						
4.						
5.	(or Total)					

Non-Lost Time Injury	Name of Employee	City	Date of Injury	Type Injury	Safety Representative Change	
					Name	City
1.						
2.						
3.						
4.						
5.	(or Total)					

Auto Accident	Name of Employee	City	Date of Accident	Car	Estimated Amount of Damage	Injury	
						Yes	No
1.							
2.							
3.							
4.							
5.	(or Total)						

No. of Training Courses Taken :	No. of Employees Given Courses :	Tort Claims Paid : \$	No. of Com. Mtgs. Held :	No. of Inspections Made :	No. of Fires :	Amount of Damage : \$	A/C Hours :
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Signature of Safety Rep.:

X

Date :

Regional Summaries

	Committee Meetings Held	Number of Inspections	Number of Training Courses	Number of Employees Trained	Number of Fires & Amount of Damage	Tort Claims Paid
Regional Office						
Field Offices :						
Total of Regional and Field Offices :						