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*Company Name*

(Logo)

## Monthly Injury Summary

Month of:_____

| | | | Injuries | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | Man Hours Worked | | Lost Time | | Medical Aid | | First Aid | | Frequency | |
| Project/Job Site | Month | Year to Date | Month | Year to Date | Month | Year to Date | Month | Year to Date | Month | Year to Date |
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| Company Totals | | | | | | | | | | |
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| | | | | | | | | Frequency Average | | |