## The Recipient shall complete and submit to FRIAA a health and safety summary report on a monthly basis or as otherwise may be required by FRIAA in a form reasonably required by FRIAA from time to time. Where such report is completed on a monthly basis, it shall be submitted to FRIAA within ten (10) business days after the end of the month to which it pertains. Where FRIAA otherwise requests such report, it shall be submitted within ten business days after such request is made.

Please provide a health and safety summary report by completing the information below.

Grant Recipient:

Project Number:

Reporting Period: From (yyyy.mm.dd) to (yyyy.mm.dd)

**Table 1 – Health and Safety Summary for Reporting Period**

|  |  |  |
| --- | --- | --- |
| **During the reporting period noted above there were:** | **Grant Recipient** | **Subcontractors** |
|  |  |  |
| No of employees who worked on project |  | xxxxxxxxx |
|  |  |  |
| Names of subcontractors who worked on project | xxxxxxxxx |  |
|  | xxxxxxxxx |  |
|  | xxxxxxxxx |  |
|  | xxxxxxxxx |  |
|  | xxxxxxxxx |  |
|  | xxxxxxxxx |  |
|  | xxxxxxxxx |  |
|  | xxxxxxxxx |  |
|  | xxxxxxxxx |  |
| Estimated number of subcontractor employees |  |  |
|  |  |  |
| Estimated total man days |  |  |
| Number of reportable injuries or accidents |  |  |
|  |  |  |
| Number of documented safety meetings |  |  |
|  |  |  |
|  |  |  |

.xxxxxxxx these columns are n/a for this question – leave blank

I verify that this is a reasonable estimate of project employment statistics (number of workers and man days employment) and true summary of any reportable injuries or accidents incurred by the Recipient or any of the subcontractors engaged on this project during this reporting period.

Name: Signature: Date: