

Monthly OHS Report

Contract Information			
Project name			
Contract number (allocated by the OFSC)			
Accredited contractor			
Accreditation number			
Client			
Contact person		Position	
Telephone		Email	
Date report completed and period covered		Date completed: _____ Period: mm/yyyy	
OHS Performance			
OHS Performance data	Reporting period	Cumulative total/rate	Comments
Number of LTIs across project			
LTIFR (to 2 decimal places)			
Number of MTIs across project			
MTIFR (to 2 decimal places)			
Number of notifiable incidents across project			
Notices			
Number of Notices issued to accredited contractor and subcontractors on site:			
OHS Performance data	Reporting period	Cumulative total/rate	Comments
Infringement			
Prohibition			
Improvement			
Other – (eg enforceable undertakings)			
Corrective Action			
Corrective Action summary	Description of action and status (open/closed)		
Any major non-conformance detected in an OHSMS audit			
Report on any internal auditing conducted by accredited contractor			

Additional Comments:

Name:

Signature:

Position:

Date: