# Monthly Contractor Health & Safety Report. *Complete the fields below or return the same information as MS Excel, Word, email or PDF format.*

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Contract number: | |  | | Month/year for: |  | | Date prepared: | \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_ |
| Prepared by: |  | | | Company/Organisation name: | |  | | |
| Council department you are working for: | | |  | | | | | |
| |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | Date Occurred | Time | Description and Treatment | Improvement Action to be Taken | Safety Audits | Reported Hazards | Non‑harm Incident | First Aid | Medical Treatment | Lost Time Injury (Hrs) | Notifiable (Serious) Harm | Fatality | Date Worksafe Notified | |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |   *Internal or external health and safety training provided to Staff:*   |  |  |  | | --- | --- | --- | | **Subject** | **Attendees** | **Duration** | | **Subject** | **Attendees** | **Duration** |   ***Attach copies of your internal investigations along with any Investigations, Notifications, Notices Received or Reports made to WorkSafe. All info to be sent to your K.D.C. Contract Manager by 10th of following month.*** | | | | | | | | | |

The information provided above is a true and accurate record.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_