Company Name:

**Monthly Injury Summary** Year:

|  |  |  |
| --- | --- | --- |
|  |  **Personal Injury Cases** |  |
|  **Job Location** |  **Lost Time Cases** |  **Medical Referral** |  **Days Lost** |  **Frequency** |  **Severity** |
|  1. |  |  |  |  |  |
|  2. |  |  |  |  |  |
|  3. |  |  |  |  |  |
|  4. |  |  |  |  |  |
|  5. |  |  |  |  |  |
|  6. |  |  |  |  |  |
|  7. |  |  |  |  |  |
|  8. |  |  |  |  |  |
|  9. |  |  |  |  |  |
|  10. |  |  |  |  |  |
|  **Total** |  |  |  |  |  |
| **Manager's Signature:**  **Date:**  | **Average:** |  |  |