Contractor Name
PROJECT NAME

HSE Weekly Statistical Report

Location: Project Name - City - Country

Date: **Priod From:** __/__/____ **To:** __/__/____

No	Description	Unit	Amount	Remarks
	General Data			
1	*Total Number of Workers at site*	No		
2	*Total Number of Staff at site*	hr		
3	*Number of Manhours (Staff & Workers)*	hr		
4	*Man Hour Lost*	hr		
	Accidents & Incidents			
5	*Fatalities*	*No*		
6	*Lost Time Accident*	*No*		
7	*Medical Treatment (without Lost Time)*	*No*		
8	*First Aid*	*No*		
9	*Accident with Material Damage*	*No*		
10	*Environmental Accident*	*No*		
11	*Near Miss*	*No*		
	Audits and Meetings			
12	*General Site Inspection*	*No*		
13	*Special Audits*	*No*		
14	*HSE Meetings*	*No*		
15	*Accident & Incident Investigation*	*No*		
	Trainings			
16	*Site Induction*	*hr*		(# of people x # of hours)
17	*Fire Fighting, Emergencry Drills/ Excercises*	*hr*		(# of people x # of hours)
18	*First Aid*	*hr*		(# of people x # of hours)
19	*Special Training*	*hr*		(# of people x # of hours)
20	*Toolbox Talks*	*hr*		(# of people x # of hours)
21	*Refereshing Training*	*hr*		(# of people x # of hours)
22	*Total No of Training Hours*	*hr*		
	Awards and Incentives			
23				
24				
	NCRs			
25	*No of NCRs Issued during this week*	*No*		
26	*Total No of NCR Issued to-date*	*No*		
27	*Total No of NCR still not closed*	*No*		
	Comments and Remarks			
28				

Contractor: Prepared by:	**Approved by:**
Name	**Name**
Position:	**Position:**
Signature:	**Signature:**