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| **Project Name** |  | | |
| **Project No:** |  | | |
| **Report for the Month / Year** |  | | |
| **(Month) Statistics** | | Month Ending: | |
| Description | | **Current Month** | **Cumulative** |
| No of Employees at Work – Company Owned | |  |  |
| Sub Contractor | |  |  |
| **Total** | |  |  |
| Total Man-hours worked | |  |  |
| Man-hours worked without LTI (Previous Best Record) | |  |  |
| Total Man-hours worked since last LTI | |  |  |
| No. of Fatality Cases (FTC) | |  |  |
| No. of Lost Time Incidents (LTIs) (*other than FTC*) | |  |  |
| No. of Restricted Work Cases (RWC) | |  |  |
| No. of Medical Treatment cases (MTC) | |  |  |
| No. of First Aid Cases (FAC) | |  |  |
| No of Sentinel/Near miss Cases (NMC) | |  |  |
| Days away from work (Lost Days) | |  |  |
| Frequency Rate (F.R.) | |  |  |
| Severity Rate (S.R.) | |  |  |
| No of Occupational Illness Cases (OIC) | |  |  |
| Occupational Illness Incident Rate (OIIR) | |  |  |
| No of Property Damage Incidents (PDI) | |  |  |
| No. of Fire Incidents Cases (FI) | |  |  |
| No. of Environmental Incidents (EI) | |  |  |
| HSE Training Man- hours | |  |  |
| HSE Training Coverage Rate (T.C.R.) | |  |  |
| Vehicles Mileage (Kilometers Traveled) | |  |  |
| No. of Road Traveled Accidents (RTAs) | |  |  |
| Vehicle Accident Rate (V.A.R.) | |  |  |

***Note:***

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|  | ***Sentinel/Near miss*** *means an event that occurs in the work environment and could have but did not result in a reasonable occupational injury/illness* | | |
|  | ***First Aid*** *means minor injury that does not require the professional medical care of a physician* | | |
|  | ***Medical Treatment*** *means work related illness requiring treatment by physician, not resulting in lost time beyond the day of illness or restricted work* | | |
|  | ***Restricted Work*** *means injury or illness resulting in restricted work activity or transfer to other job.* | | |
|  | ***Lost Time Incidents*** *means injury or illness resulting in next returning to work, the day following the day of injury or subsequent days.* | | |
|  | ***Man-hours worked without LTI****=**Total Cumulative man-hrs worked before any Reportable incident occurred* | | |
|  | ***Man-hrs worked since last LTI****=Total Man-hrs worked after any reportable incident occurred* | | |
|  | ***Frequency Rate*** *= No. of (LTI + FTC) X 200,000 / Total Man hours worked.* | | |
|  | ***Severity Rate*** *= Lost days X 200,000 / Total Man hours worked.* | | |
|  | ***Occupation Illness*** *Cases are illnesses are work related illnesses e.g. eye irritation due to welding radiation.* | | |
|  | ***Occupational Illness Incident Rate*** *= No of Occupational Illness Cases X* ***20,000,000****/ Total Man hours Worked.* | | |
|  | ***Property Damage Incidents*** *means incidents resulting in the damage to property of company, client or contractor or respective government.* | | |
|  | ***Vehicle Accident Rate*** *= No. of Vehicle Accident X 1,000,000 / Vehicle mileage* | | |
|  | ***Total Monthly Man-hours worked*** *= To be taken actual from the respective planning / Admin Department* | | |
|  | ***Environmental Incidents*** *means an event that causes impact to the environment, e.g. leakage, release, spill* | | |
|  | ***HSE Training Man-hours*** *= No. of employees trained X No. of training hours.* | | |
|  | ***HSE Training Coverage Rate*** *= HSE Training Man-hours X 100 / Total Man-hours worked.* | | |
| HSE Related Activities for the Month | | | |
| Safety | | **Current Month** | **Cumulative** |
| No. of Personnel attended HSE Orientation/ Induction | |  |  |
| No. of Person Attended Tool Box Talks | |  |  |
| No. of HSE Recognitions and Rewards | |  |  |
| No. of HSE Violations and Penalties | |  |  |
| No. of Safety Audits | |  |  |
| No. of Safety Committee Meetings | |  |  |
| No. of Housekeeping Inspection | |  |  |
| No. of Safety Posters/Stickers/Slogans posted | |  |  |
| No. of Lifting m/c, Tools & Tackles Certified | |  |  |
| No. of Safety Suggestions received and accepted | |  |  |
| Health | | **Current Month** | **Records Available** |
| No. of Visits to Clinic (Personal Health Related) | |  |  |
| Trend Analysis for the clinical visits carried out | |  |  |
| Fumigation/ Pest Control done | |  |  |
| Daily Hygiene Checks carried out (Optional) | |  |  |
| Monthly Health & Hygiene inspection (Checklist 1&2) carried out. | |  |  |
| **ENVIRONMENT** | |  |  |
|  | | **Current Month** | **Cumulative &Trend**  (Compared to Previous Month) |
| Total Potable Water Consumed (Gallons) | |  |  |
| Potable Water Consumption /1000 MD (Gallon)\*\* | |  |  |
| No. of Potable Water Quality Test Reports – Acceptable | |  |  |
| No. of Potable Water Quality Test Reports – Not Acceptable | |  |  |
| Total Sewage(include Kitchen, Dining) Generation (Gallons) | |  |  |
| Sewage Generation / 1000MD (Gallons) )\*\* | |  |  |
| Total Sewage Treated (Gallons) | |  |  |
| Total Sewage Disposed outside (Gallons) | |  |  |
| Treated Sewage Used for Green Belt Development (Gallons) | |  |  |
| Treated Sewage Used For Dust Suppression (Gallons)- Non Drinking water | |  |  |
| Green Belt Development Area (Square Meter and %) | |  |  |
| No. of Trees Planted / No. of Survived | |  |  |
| Total Power Consumed (KW) | |  |  |
| Power Consumption / 1000 MD (KW)\*\* | |  |  |
| Total Fuel Consumed in the Camp (Gallons) | |  |  |
| Fuel Consumption in Camp/ 1000 MD (Gallons)\*\* | |  |  |
| Total Fuel Consumed in Construction Activities (Gallons) | |  |  |
| Fuel Consumption in Construction /1000 MD (Gallons)\*\* | |  |  |
| Total Non Hazardous Waste Disposed (Tons) | |  |  |
| Total Hazardous Waste Disposed (Tons) | |  |  |
| Total Bio Hazard / Medical Waste Disposed (Kgs.) | |  |  |
| CHSE / External Audit, Observation, NCR, CA, PA & Closeout Log. (No. attended out of no. of finding) | |  |  |

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| **Consumption Trend Analysis (***Compared to previous month***)** |

*Note: \* Consumption per 1000mandays = Consumption in a month X 1000 / Total man-hours worked for the month, \*\* M = More, L = Less*

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| HSE Training Coverage for the Month | | | | | |
| Managers | Engineers | Supervisors | Technicians | Workmen | Total |
|  |  |  |  |  |  |

*Note: HSE Training Coverage includes Sub- contractors training and the figure should match the content as in Attachment “B” of this report.*

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| HSE MANPOWER: | | | | | |
| Manpower (Planned) | Manpower(Actual) | Separation | Transfer | Identified To Join (ITJ) | Remarks |
|  |  |  |  |  |  |
| **Significant Events During the Month (*including near-misses, vehicle accidents, fire, safety exercise/meeting, promotions, awards, spill, Other constraints)*:** | | | | | | |
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| **Areas of Concern :** |
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| **Activities Planned for next Month:** |
|  |

We submit the report on best of our knowledge and belief.

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| **Signature** |  | Signature |  |
| **Name:** |  | **Name:** |  |
| **Designation :** |  | **Designation:** |  |
| **Date:** |  | **Date :** |  |

**Enclosures:**

1. Incident Details (Attachment “A”)
2. Details of HSE Training Coverage (Attachment “B”)
3. Details of Waste Consignment Note for the Month (Attachment “C”)