



MONTHLY HES REPORT

Reporting Department / Project Site / Plant Site _____

Location _____

	Month of	Year-to-date 20__
1. Exposure hours		
2. Number of recordable injuries/illness		
3. Total recordable incident rate		
4. Number of lost workday cases		
5. Lost workday incident rate		
6. Number of lost workdays		
7. Incident rate of lost workdays		
8. Fatal injuries		
9. Number of restricted activity cases		
10. Number of days of restricted activity		
11. Total recordable injuries		
12. Total recordable illness		
13. Number of near miss incidents		
14. Number of environmental incidents		
15. Number of automobile incidents		
16. Date of last lost workday injury/illness		
17. Cumulative hours since last lost workday injury/illness		
18. Did your facility have a Regulatory agency inspection this month? (Yes or No), This Year (Yes or No)		
19. Did your facility experience a single incident involving over Tk. 100,000.00 property damage this month (fire, explosion, collision etc.)? (Yeas or No)		

Prepared by:

Date:

Note: This report is due in Conveyor's Head Office in Dhaka by the 5th working day of the month following the reporting period.