



## Subcontractor Safety Hours

Attach this form to your Monthly Pay Request  
Forward a copy to the Project Manager listed below

Subcontractor Name:

Completed by: \_\_\_\_\_

Report Month & Year: \_\_\_\_\_

Project Number:

Project Name:

Project Manager:

	<i>MONTH TOTAL</i>	<i>PROJECT TOTAL</i>
<b># Doctor Cases:</b> on this project		
<b># OSHA Recordable Accidents:</b> on this project		
<b># Lost Time Cases:</b> on this project		
<b># Days Lost:</b> on this project		

	<i>MONTH TOTAL</i>	<i>PROJECT TOTAL</i>
Site Hours Worked: on this project		
Site Administration Hours Worked: on this project		
Lower-Tier Subcontractor Hours Worked: on this project		
<b>TOTAL Hours:</b> on this project		