


HS809	
<b>HS Performance report for Contractors</b>	

### 1. Contract Details

Contract Name	_____		
Contractor	_____	Month	_____
Prepared By	_____	Date	_____

### 2. Performance Indicators

Indicator	This Month	Cum. Total	Mthly Average
Number of lost time injuries			
Working days lost due to injury			
Number of personnel on return to work plans			
Number of medical treatment injuries			
Number of first aid treatment injuries			
Number of safety inspections/audits conducted			
Number of safety meetings/forums conducted			
Number of inductions completed			

### 3. Incident Details

Date of Incident	Description	Days Lost Current month

### 4. HS Corrective Actions

Item No.	Description	Risk	Status	
			Open	Closed

### 5. WorkCover Activity

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### 6. Comments


Signed	_____	Date	_____	Responsible UNSW Officer	_____	Date	_____
	Contractor Representative						