MONTHLY SAFETY CHART

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	= Injury			= Safe No injury	
1	**2**	**3**	**4**	**5**	**6**
7	**8**	**9**	**10**	**11**	**12**
13	**14**	**15**	**16**	**17**	**18**
19	**20**	**21**	**22**	**23**	**24**
25	**26**	**27**	**28**	**29**	**30**
31	Note:				

Doc # .....

Year: .....

Unit: .....

Month: .....

Description:

Daily Injury Information						
#	Date	Department	Department In-charge	Name of Person	Accident Details	First Aid treatment provided