**Appendix I: Health and Safety Statistics – Monthly Return**

**From Contractor:**  
**to SPDC Contract Holder** (for confirmation and signature), then to HSX-PLGD (for input into data).

**CONTRACT NUMBER:**

**NAME OF COMPANY:**

**RETURN FOR THE MONTH OF:**

**Number of EMPLOYEES WORKING ON CONTRACT:**

**Number of MAN HOURS worked (including any overtime) in the month:**

**Number of FATALITIES & PERMANENT DISABILITIES in the month:**

**Number of LOST WORKDAY CASES in the month:** (LWC)

**Number of RESTRICTED WORK CASES in the month:** (RWC)

**Number of MEDICAL TREATMENT CASES in the month:** (MTC)

**Number of FIRST AID CASES in the month:** (FAC)

**Number of NEAR MISS in the month:** (SEVERITY 0)

**Number of OCCUPATIONAL ILLNESSES in the month:** (TOI)

**Number of CALENDAR MAN-DAYS LOST due to SICKNESS ABSENCE:**

**Number of NON-INJURIOUS (SEVERITY 4 OR 5) INCIDENTS in the month which are NOT included above:**

**Number of NON-ACCIDENTAL DEATHS in the month:** (NAD)

**Number of ROAD TRAFFIC ACCIDENTS in the month:** (RTA)

<table>
<thead>
<tr>
<th>MONTHLY DRIVING STATISTICS</th>
<th>NO. OF VEHICLES/CRAFTS</th>
<th>KM/MHilage Driven</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vehicles above 3500 kg gvw</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Personnel Carriers</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Light Marine Vessels</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tag Boats</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other vehicles/Vessels</td>
<td>6</td>
<td>20,830</td>
</tr>
</tbody>
</table>

**Names of INJURED PEOPLE ABSENT FROM WORK OR ON RESTRICTED WORK during the month:**

<table>
<thead>
<tr>
<th>NAME</th>
<th>WAS CERTIFIED UNFIT ON</th>
<th>DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Names of previously injured people, CERTIFIED FIT TO RETURN TO WORK during the month, following an L11 absence or a period of restricted work:**

<table>
<thead>
<tr>
<th>NAME</th>
<th>RETURNED TO WORK ON</th>
<th>DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Signed by Contractor’s  
Authorised Rep.:  
Position in Company:  
Date:

**Signed by Contract Holder:**  
Reference Indicator:  
Date:

**NOTES:**

All returns should relate to the previous calendar month only.

The average may be taken as the total number of employees when fluctuations occur.