Title: Contractors Weekly Health and Safety Report

Contractor Name		Package No.:	

Week No.:		Week Ending:	

Date Contractor started at Medupi	
Total actual hours worked on the Project in the week	
Total actual hours worked on the Project in the calendar month	
Total actual hours worked on the Project	
Number of employees	

Incidents	Week	Month	Project to Date
No of Near Miss	0	0	0
No of First Aid	0	0	0
No of Medical	0	0	0
No of LTI	0	0	0
No of Fatality	0	0	0
No of Property/Equipment Damage	0	0	0
Sec 24	0	0	0

Date of last LTI	
Days since last LTI	
Days without LTI	
Hours since last LTI	

Lost Time Incident Rate (x 200,000)	
12 Months Rolling Average	0.00
Project to Date	0.00

COVID-19 Cases	Current Week		Current Month	Inception to Date
	Onsite	Offsite		
Number of confirmed positive cases	0	0	0	0
Number of employees recovered from COVID-19	0	0	0	0
Number of death related to COVID-19	0	0	0	0

COVID-19 Vaccine	Current Week	Current Month	Inception To Date
Number of Employees Vaccinated	0	0	0

Medupi Project Monthly Nomination for Awards:	
Name:	
Motivation:	

No. of Life Saving Rule Violations:	

Name and Surname:	Signature	
Date:		

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