

Coal & Coke WORKS

PERSONAL INJURY REPORT FOR MONTH OF _____ 191_____

DEPT.	AVERAGE NUMBER OF EMPLOYEES	NUMBER OF ACCIDENTS									HOURS LOST DURING MONTH	PERCENT LOST TIME CASES TO AVG. EMP.	REGULAR DISABILITY BENEFITS PAID	OTHER BENEFITS PAID
		TOTAL CASES	LOST NO TIME	LOST TIME CASES					Fatal					
				Total Lost Time Cases	Less Than 1 Day	1-7 Days	8-14 Days	15-30 Days		31+ Days				
<i>1915</i>														
<i>April</i>	443	9		9		5	3	1			686	2.03		
<i>May</i>	410	8	1	7		3	3	1			1006	1.71		
<i>June</i>	383	7		7		3	3	1			707	1.82		
	<i>1236</i>	<i>24</i>	<i>1</i>	<i>23</i>		<i>11</i>	<i>9</i>	<i>3</i>			<i>2395</i>	<i>1.86</i>		
<i>July</i>	400	7		7		6		1			612	1.75		
<i>August</i>	428	7		7	1	1	4		1		886	1.63		
<i>September</i>	416	9	1	8	1	5	1	1			865	1.92		
	<i>1244</i>	<i>23</i>	<i>1</i>	<i>22</i>	<i>2</i>	<i>12</i>	<i>5</i>	<i>2</i>	<i>1</i>		<i>2363</i>	<i>1.77</i>		