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|  | <p>CONTRACTOR MONTHLY ACCIDENT REPORT</p> |
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Please return to Ames Safety, Health and Medical Services Office, M/S T-037

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|------------------|------------|--------------------|
| Contract code | FY NASA | Month reporting |
|------------------|------------|--------------------|

1. Contract Number: _____
 2. Company Name: _____
 Ames Moffett Ames Dryden
 3. Contract monitor (NASA) _____ Extension _____ Mail stop _____
 4. Average number of employees this month _____
 5. Number of man hours worked this month _____
 6. Number of injuries this month** _____
 7. Number of lost time injuries this month** _____
 8. Lost time days this month _____
- Totals (NASA fiscal year)*
9. Total man hours worked year-to-date _____
 10. Total lost time occurrences year-to-date _____
 11. Total lost time days year-to-date _____

Prepared by: _____ Phone number _____

Address or mail stop _____

*NASA fiscal year = October 1 – September 30

**Please attach NASA Form 1627 (Mishap Report) for any injuries requiring more than one first aid.

ARC 15 (Jan 96)E Previous editions are obsolete