MONTHLY LOG AND SUMMARY OF OCCUPATIONAL INJURIES AND ILLNESSES. GSA REGIONAL EMPLOYEES

REPORTS CONTROL SYMBOL	REGION	MONTH	PAGE OF PAGES
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SECTION I - SUMMARY OF MONTHLY EXPERIENCE

REFER TO COLUMNS IN SECTION II	IRMS		FSS		PBS		CO		STAFF		TOTAL	
	CASES	DAYS	CASES	DAYS	CASES	DAYS	CASES	DAYS	CASES	DAYS	CASES	DAYS
10												
11												
12												
13												
14												
15												
16												
MAN HOURS WORKED												

SECTION II - LOG OF INJURIES *(Continue on GSA Form 159 - A if necessary)*

ENTRY NO.	SERVICE AND ORG. CODE	DATE OF INJURY	NAME	GS SERIES/ GRADE	NAME OF OCCUPATION	NATURE OF INJURY/ ILLNESS	TYPES OF INJURY/ ILLNESS	PARTS OF BODY INJURED		TRAUMATIC INJURY			ILLNESS/ DISEASES				
1.	2.	3.	4.	5.	6.	7.	8.	9.	10.	11.	12.	13.	14.	15.	16.	17.	18.

REPORT PREPARED BY *(Name and title)*	DATE PREPARED	REGIONAL ADMINISTRATOR *(Signature)*	DATE SIGNED