

USACE PRIME CONTRACTOR
Monthly Record of Work-Related Injuries/Illnesses & Exposure

In accordance with the provisions of EM 385-1-1, Section 01 Program Management, Paragraph 01.D Accident Reporting and Recording, sub-paragraphs 01.D.05, you (the Prime Contractor) shall provide a monthly record of all exposure and accident experience incidental to the work (this includes exposure and accident experience of the Prime Contractor and its sub-contractor(s)). As a minimum, these records shall include exposure work hours and a record of occupational injuries and illnesses that include the data elements listed below. Definitional criteria for each data element is found in 29 CFR Part 1904. If the maintenance of OSHA 300 Logs are required by OSHA, most of this information can be obtained from those logs. If data on log provided below is revised after it is submitted to USACE, Contractor shall provide a revised report to the GDA. You must complete the USACE ENG Form 3394, Report of Accident Investigation Report for all recordable accidents. If you're not sure whether a case is recordable, call your local Safety and Occupational Health Office for help.

Month _____
Year _____

US Army Corps of Engineers



USACE Command	
Contractor Name	
Contract Number	
Project Title	
City	State
USACE Office Overseeing Work	

[illegible]

For Government Use Only			
TYPE OF WORK ACTIVITY (Choose One):		Type of Contract (Choose One):	
Construction	<input type="checkbox"/>	Environmental Remed.	<input type="checkbox"/>
Opn & Main.	<input type="checkbox"/>	Superfund	<input type="checkbox"/>
Eng. Services	<input type="checkbox"/>	FUDS	<input type="checkbox"/>
Dredging	<input type="checkbox"/>	IRP	<input type="checkbox"/>
Rsch. & Dev.	<input type="checkbox"/>	FUSRAP	<input type="checkbox"/>
Emerg. Opns.	<input type="checkbox"/>	Ordinance/Expl. Cleanup	<input type="checkbox"/>
Other	<input type="checkbox"/>	Environmental Other	<input type="checkbox"/>
Other (Specify): <input style="width: 90%;" type="text"/>		Other (Specify): <input style="width: 90%;" type="text"/>	

Exposure Hours		Certification of Record	
Month		Name of Person	
Year to Date		Submit. Record	
		Signature	
		Date	