

CENTRAL ILLINOIS BUILDERS OF AGC
SAFETY AWARD PROGRAM – 4th QUARTER OF 2024 SAFETY YEAR
WORKERS' COMPENSATION ACCIDENT STATISTICS REPORT

MEMBER NAME _____

SAFETY CONTACT NAME _____ EMAIL _____

MONTH: **July** _____ YEAR: _____ **2024** _____

of Lost Time Injuries _____

Restricted Workdays _____

of OSHA Recordable Injuries _____

of Workdays Lost During Report Period _____

of Exposure Manhours _____

of Fatalities _____

MONTH: **August** _____ YEAR: _____ **2024** _____

of Lost Time Injuries _____

Restricted Workdays _____

of OSHA Recordable Injuries _____

of Workdays Lost During Report Period _____

of Exposure Manhours _____

of Fatalities _____

MONTH: **September** _____ YEAR: _____ **2024** _____

of Lost Time Injuries _____

Restricted Workdays _____

of OSHA Recordable Injuries _____

of Workdays Lost During Report Period _____

of Exposure Manhours _____

of Fatalities _____

Email to amasters@cibagc.org or
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AGC
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THE CONSTRUCTION ASSOCIATION

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