CENTRAL ILLINOIS BUILDERS OF AGC

SAFETY AWARD PROGRAM – 2nd QUARTER OF 2026 SAFETY YEAR

WORKERS' COMPENSATION ACCIDENT STATISTICS REPORT

MEMBER NAME_____

SAFETY CONTACT NAME_____ EMAIL_____

MONTH: **January**_____ YEAR:_____2026_____

# of Lost Time Injuries_____

Restricted Workdays_____

of OSHA Recordable Injuries_____

# of Workdays Lost During Report Period_____

# of Exposure Manhours_____

# of Fatalities_____

MONTH: **February**_____ YEAR:_____2026_____

# of Lost Time Injuries_____

Restricted Workdays_____

of OSHA Recordable Injuries_____

# of Workdays Lost During Report Period_____

# of Exposure Manhours_____

# of Fatalities_____

MONTH: **March**_____ YEAR:_____2026_____

# of Lost Time Injuries_____

Restricted Workdays_____

of OSHA Recordable Injuries_____

# of Workdays Lost During Report Period_____

# of Exposure Manhours_____

# of Fatalities_____

RETURN TO:

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AGC CENTRAL ILLINOIS BUILDERS
THE CONSTRUCTION ASSOCIATION

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