Form 10.1 — Quarterly Work Health and Safety Report

Form ID	Owner	Evidence location	Complete when
10.1	Project Manager / WHS-appointed person	PIMS / management review pack	Quarterly or as required by client
Use: Summarise WHS performance, trends, actions, incidents and assurance outcomes.			

Details	
Company name:	Robertson's Remedial and Painting Pty Ltd
Report period:	
Report dates:	

Performance indicators

Indicator	Previous quarter	Current quarter	Total
Number of First Aid Injuries			
Number of Medical Treatment Injuries			
Number of Lost Time Injuries			
Number of days lost due to injury			
Total number of hours worked			
Average number of workers			
Number of hazards reported			
Number of near misses			
Number of damages			

Incident summary — personal injury and property damage

Incident	Date	Name/Property	Injury/Damage	Cause

Summary of WHS activities

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Activity	Count
Number of site inspections completed	
Number of audits completed	
Number of toolbox talks completed	
Number of Worker Safety Performance Reviews completed	
Number of Project Risk Assessments	

Comments on WHS performance

Sign-off	
Name of person completing report:	
Signature:	
Date:	