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

REPORTS CONTROL SYMBOL REGION MONTH PAGE OF PAGES PB-39

SECTION I - SUMMARY OF MONTHLY EXPERIENCE

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

ENTRY NO.	SERVICE AND ORG. CODE 2.	DATE OF INJURY 3.	NAME 4.	GS SERIES/ GRADE 5.	NAME OF OCCUPATION 6.	NATURE OF INJURY/ ILLNESS 7.		PARTS OF BODY		TRAUMATIC INJURY			ILLNESS/ DISEASES			\prod	
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REPORT PR	FPARED BY	(Name and title)		DATE PREPARED	REG	 ONAL ADMINI	STRATOR ((Signature)					DATE	SIGNE)		Щ
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