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| **MONTHLY INJURY SUMMARY** | | | | | | | | |
| **MONTH** | | | **# TOTAL INJURIES** | | | **REPORT COMPLETED BY** | | |
|  | | |  | | |  | | |
| **DEPARTMENT** | **JOB LOCATION** | **MEDICAL REFERRAL REQ’D** | | **PART OF BODY** | **SOURCE OF INJURY OR DISEASE** | | **LOST TIME** | **SEVERITY** |
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| **SUMMARY OF FINDINGS** | | | | | | | | |
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| **RECOMMENDED ACTIONS** | | | | | | | | |
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