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| **MONTHLY INJURY SUMMARY** |
| **MONTH** | **# TOTAL INJURIES** | **REPORT COMPLETED BY** |
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| **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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