## FY2019 Facilities Incident Summary – May

| FY19 Summary Data |                  |    |            |            |           |            |                 |            |  |  |  |  |
|-------------------|------------------|----|------------|------------|-----------|------------|-----------------|------------|--|--|--|--|
|                   |                  |    |            |            |           |            |                 | Total      |  |  |  |  |
|                   |                  |    | First Aid  | Medical    | Lost Days | Total Lost | Restricted Days | Restricted |  |  |  |  |
| Total Injuries    | OSHA Recordable? |    | Only Cases | Only Cases | Cases     | Days       | Cases           | Days       |  |  |  |  |
| 18                | Yes              | 14 |            | 3          | 7         | 172        | 4               | 185        |  |  |  |  |
|                   | No               | 4  | 4          |            |           |            |                 |            |  |  |  |  |
| April 2019 Data   |                  |    |            |            |           |            |                 |            |  |  |  |  |
|                   |                  |    |            |            |           |            |                 | Total      |  |  |  |  |

| April 2019 Data |                  |   |            |            |           |            |                 |            |  |  |  |  |
|-----------------|------------------|---|------------|------------|-----------|------------|-----------------|------------|--|--|--|--|
|                 |                  |   |            |            |           |            |                 | Total      |  |  |  |  |
|                 |                  |   | First Aid  | Medical    | Lost Days | Total Lost | Restricted Days | Restricted |  |  |  |  |
| Total Injuries  | OSHA Recordable? |   | Only Cases | Only Cases | Cases     | Days       | Cases           | Days       |  |  |  |  |
| 1               | Yes              | 1 |            | 1          |           |            |                 |            |  |  |  |  |
|                 | No               | 0 |            |            |           |            |                 |            |  |  |  |  |







