



Subcontractor Hours and Injuries Reporting

This form must be completed and submitted with each invoice and sent to ap.invoices@cianbro.com. If you cannot Email please send to Cianbro AP, PO Box 1000, Pittsfield, ME 04967 or fax to 207-679-2462.

Invoice Number: _____

Does this invoice represent work physically performed on a Cianbro jobsite? Y or N
If yes, please fill out all requested info below and submit. If no, indicate this above and submit.

Please note: If you have a subcontractor working for you; include their hours, injuries and illnesses data in your reporting numbers.

Subcontractor P.O. Number: _____

Subcontractor Name: _____

Form Completed By: _____ Phone Number: _____

Dates When Work was Performed: From: _____ To: _____

NOTE: Please report the following information for the time period you indicated above specific to the work performed under your contract for this Cianbro jobsite.

- Total Work Hours _____
- # of OSHA Recordable Injuries
(Column 1 on OSHA 300 Report) _____
- # of OSHA Recordable Illnesses
(Columns 2, 3, 4, 5 & 6 on OSHA 300 Report) _____
- # of OSHA Recordables involving DART*
(Columns H & I on OSHA 300 Report) _____
- How many of your Recordables involving DART* were illnesses? _____
- Average number of your people onsite? _____

*DART: Days Away, Restrictions and/or Transfers.