



MARATHON PETROLEUM COMPANY LP
LRD CONTRACTOR ACCIDENT/INJURY SUMMARY

COMPANY NAME:	ADDRESS:	
COMPANY PHONE:	ON-SITE PH:	# OF EMPLOYEES ON-SITE:
	MPC COORDINATOR:	
	ON-SITE SUPERVISOR:	

THE FOLLOWING INFORMATION MUST BE PROVIDED TO THE LOUISIANA REFINING DIVISION'S SAFETY DEPARTMENT BY THE SECOND WORKING DAY OF EACH MONTH. THE INFORMATION WILL SUMMARIZE ALL ACCIDENTS/INJURIES OCCURRING AT THE REFINERY FOR THE PREVIOUS MONTH.

REPORTING MONTH:	HOURS WORKED MTHLY:
TOTAL RECORDABLE INCIDENT RATE (YTD)	HOURS WORKED YTD:

INJURY TYPE	D-1	D-2	D-3	D-4	D-5	D-7	D-8	D-9	D-10	P.C.	Z-1	Z-2	Z-3	Z-4	Z-5	Z-6	Z-7	Z-10	LAB	OTHER	TOTAL	
																					MTH	YTD
LT CASES																						
LT DAYS																						
RD CASES																						
RD DAYS																						
OTHER REC																						
FA CASES																						
TOTAL																						

TOTAL HOURS WORKED SINCE LAST LOST TIME ACCIDENT: _____
DATE OF LAST LOST TIME ACCIDENT: _____
DAYS WORKED WITHOUT A LOST TIME ACCIDENT: _____

PERSON COMPLETING FORM

SUPERVISOR SIGNATURE

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