



INTERNATIONAL BOUNDARY & WATER COMMISSION
MONTHLY EXPOSURE AND FIRST AID REPORT

Project: _____ Contract Number: _____

USIBWC's Contractor: _____

Below is data for the month of: _____ Year: _____

Data is for: _____ , _____

Average number employed: _____ Total manhours for month: _____

Number of first aid cases: _____ Number of medical treatment cases: _____

Number of lost-time injuries: _____ Days lost (estimate if necessary): _____

Number of property damage incidents, when property damage was in excess of \$100: _____

Date of Injury	Name	Occupation	Type of Case*	Nature of Injury

* FA = First aid only with no lost time, MAI = Medical attention injury, LT = Lost-time injury

I declare that the foregoing is true and correct and represents all workers paid by this company who were on the job site, whether they are covered under Davis-Bacon or not.

Name of Contractor's Representative

Contractor's Representative Signature

Date Signed



INTERNATIONAL BOUNDARY & WATER COMMISSION
MONTHLY EXPOSURE AND FIRST AID REPORT
INSTRUCTIONS

Submit an original report to USIBWC for every Contractor and every Subcontractor who worked onsite for each month over the course of the Contract. Monthly Exposure and First Aid Reports are required to cover all Contract periods when workers are onsite.

PROJECT, CONTRACT NO., and CONTRACTOR

This should all be entered for the main USIBWC Contract and Prime Contractor.

DATE (month of)

Enter the month and year of the accident/exposure data.

DATA FOR

Enter the name of the Contractor for which the data applies. Indicate if this company is the Prime Contractor or a Subcontractor on the project.

AVERAGE NUMBER EMPLOYED

This can be determined by averaging the number of people employed each work day or by taking the total manhours for the month and dividing by the number of workdays in the month and then dividing by the number of hours worked each day. In either case, round the value to the nearest whole number.

FIRST AID CASES

Enter the number of times that employees received first aid for on-the-job injuries or illnesses.

LOST-TIME INJURIES

1. Enter the number of lost-time injuries/illnesses for the month.
2. Attach OSHA Form 301 for each lost-time injury reported.

TOTAL MANHOURS FOR MONTH

Enter the total manhours worked by all company employees on the job site.

MEDICAL TREATMENT CASES

Enter the number of employees that received medical treatment for on-the-job injuries or illnesses.

DAYS LOST

Other than fatalities, lost workdays should be computed as the actual number of days the employee(s) would have worked but could not because of an occupational injury or illness (*do not include the day of injury or onset of illness or any days on which the employee(s) would not have worked even though able to work*).

PROPERTY DAMAGE

Enter the number incidents where there was property damage in excess of \$100. Provide details of the property damage in the Contractor's Daily QC Report (*IBWC Form 163*).

TABLE

Fill in employee names and injury/illness details for all first aid, lost-time, and medical treatment incidents.



INTERNATIONAL BOUNDARY & WATER COMMISSION
MONTHLY EXPOSURE AND FIRST AID REPORT

Project: Make Believe Levee Work Contract Number: 191BWC99C9999
USIBWC's Contractor: ABC Excavating & Construction

Below is data for the month of: February Year: 2023

Data is for: Mesa Hauling , Subcontractor

Average number employed: 8 Total manhours for month: 174

Number of first aid cases: 1 Number of medical treatment cases: 0

Number of lost-time injuries: 0 Days lost (estimate if necessary): 0

Number of property damage incidents, when property damage was in excess of \$100: 0

Date of Injury	Name	Occupation	Type of Case*	Nature of Injury
02/16/2023	Frank Jones	Eq Operatory	FA	Skinned elbow

* FA = First aid only with no lost time, MAI = Medical attention injury, LT = Lost-time injury

I declare that the foregoing is true and correct and represents all workers paid by this company who were on the job site, whether they are covered under Davis-Bacon or not.

Contractor's Representative Signature

Manager

Name of Contractor's Representative

03/07/2023

Date Signed