

Client XYZ / KPI Data Entry Screen - 2006

Inserted:Not Yet

Step 1 (Location Criteria)

Location Code: (From previous screen)

"Asof" Date : (Please enter all figures "asof" this date.)

Please save your work after each step=>

Step 2 (Business Unit/Exposure Data) (Obtain this information from "RBM" / "Monthly Key Stat Report" / "Kri

of Full-Time Employees : ? (Total # of "Full-Time Employees".)

of Part-Time Employees : ? (Total # of "Part-Time" Employees.)

of Full-Time Hours Worked : ? (Total # of Hours Worked by "Full-Time" Emplo

of Part-Time Hours Worked : ? (Total # of Hours Worked by "Part-Time" Employees this mo

of Routes : ? (Total # of "Routes".)

Please save your work after each step=>

Step 3 (Safety/Loss Prevention Activities) (Obtain this information from Unit Leader or Safety Coordinator / Ac

of Safety Meetings (MTH): (YTD): ? (# Safety Meetings completed.)

of Safety Go Withs (MTH): (YTD): ? (# Safety Go Withs completed.)

of Facility Inspections(MTH): (YTD): ? (# Facility Safety Inspections comple

Please save your work after each step=>

Step 4 (OSHA Data) (Obtain this information from "Man Day" attendance records.)

of Days of Work "Missed" (MTH): (YTD): ? (Total # days an employee miss

of Days of Work "Restricted" (MTH): (YTD): ? (Total # days an employee cam

of "Lost Time" Cases (MTH): (YTD): ? (Total # OSHA cases involving

of "Restricted Only" Cases (MTH): (YTD): ? (Total # OSHA cases involving

of "Incident Only" Cases (MTH): (YTD): ? (Total # OSHA incidents / med

of Total "OSHA" Cases (MTH): (YTD): ? (Total OSHA Recordable Case

Please save your work after each step=>

Step 5 (X.Y.Z. Handled Claims) (These are claims handled by 3rd party administrator X.Y.Z.- Obtain from X.Y.:

GL/PL Liability Total # Claims(MTH): (YTD): ? (General & Product Liability) (

Auto Liab/Phys Total # Claims (MTH): (YTD): ? (Auto Liability & Physical Dam

Please save your work after each step=>

Step 6 (Self-Handled/"In-House" Claims) (These are claims paid directly by your location - Obtain from "Acc

GL/PL Liability Total # Claims(MTH): (YTD): ? (General & Product Liability)

Auto Liab/Phys Total # Claims (MTH): (YTD): ? (Auto Liability & Physical Dam

Please save your work after each step=>

Step 7 (Sedgwick Handled Claims) (Please Enter # Fatalities / # Permanent Disabilities, if any.)

Workers Comp Total # Occr"s	(MTH):	<input type="text" value="0"/>	(YTD):	<input type="text" value="1"/>	?	(Worker"s Compensation)
GL/PL Liability Total # Occr"s	(MTH):	<input type="text" value="0"/>	(YTD):	<input type="text" value="0"/>	?	(General & Product Liability)
Auto Liab/Phys Total # Occr"s	(MTH):	<input type="text" value="0"/>	(YTD):	<input type="text" value="0"/>	?	(Auto Liability & Physical Dam
# of Fatalities	(MTH):	<input type="text"/>	(YTD):	<input type="text" value="0"/>	?	(Total # Fatalities.)
# of Permanent Disabilities	(MTH):	<input type="text"/>	(YTD):	<input type="text" value="0"/>	?	(Total # Permanent Disabilities.)

Please save your work after each step=>

Step 8 (Employee Indicators) (Obtain Employee Info from "EDM" or from Unit Leaders.)

# of New Hires	(MTH):	<input type="text"/>	(YTD):	<input type="text" value="0"/>	?	(# New Hires. See "New Hire Tr
# of New Hires Safety Trained	(MTH):	<input type="text"/>	(YTD):	<input type="text" value="0"/>	?	(# New Hires that have received
# of Preventable Auto Accidents	(MTH):	<input type="text"/>	(YTD):	<input type="text" value="2"/>	?	(Total # Auto Accident's Deeme
# of Injuries Via Unsafe Acts	(MTH):	<input type="text"/>	(YTD):	<input type="text" value="1"/>	?	(Total # Injuries Resulting From
# of Re-Certifications	(MTH):	<input type="text"/>	(YTD):	<input type="text" value="2"/>	?	(# Accident / Injury re-certificat

Please save your work after each step=>

Step 9 (Contractor Data) (Obtain this information from "Man Day" attendance records.)

# of Hours Worked	(MTH):	<input type="text"/>	(YTD):	<input type="text" value="134"/>	?	(# Hours Worked by Outside Cc
# of Days of Work "Missed"	(MTH):	<input type="text"/>	(YTD):	<input type="text" value="0"/>	?	(Total # days a "Contractor" mis
# of "Lost Time" Cases	(MTH):	<input type="text"/>	(YTD):	<input type="text" value="0"/>	?	(Total # Contractor / OSHA cas
# of "Restricted Only" Cases	(MTH):	<input type="text"/>	(YTD):	<input type="text" value="0"/>	?	(Total # Contractor / OSHA cas
# of "Incident Only" Cases	(MTH):	<input type="text"/>	(YTD):	<input type="text" value="0"/>	?	(Total # Contractor / OSHA inci
# of Total "OSHA" Cases	(MTH):	<input type="text" value="0"/>	(YTD):	<input type="text" value="0"/>	?	(Total OSHA Recordable Cases

Please save your work after each step=>