

# INJURY COST CALCULATION

Employer				
Date Of Injury				
Time of Injury				
Case Number or Identifier				
Description of Incident				
Nature of Injury				
Part of Body				
<b>TIME ITEM:</b>	<b>Description</b>	<b>Time Amount</b>	<b>Rate</b>	<b>Total Cost</b>
First Aid Treatment				
Taking injured to hospital/clinic				
Making Area Safe				
Other Immediate				
Injury Investigation				
Meetings and follow-up				
Time spent with govt inspectors				
Other Investigation				
Cleaning Up site				
Waste disposal				
Contract penalties				
Repair time				
Hiring, Management Time				
Other Business Recovery Time				
Cost of overtime				
Cost of lost work time				
Other Labor Cost/Time				
TOTAL TIME				
<b>MATERIAL ITEM</b>	<b>Description</b>	<b>Amount</b>	<b>Rate</b>	<b>Total Cost</b>
Repair Cost				
Product Loss				
Purchasing Tools				
Purchasing Equipment				
Legal Fees				
Other Material				
TOTAL MATERIAL				
TOTAL MATERIAL + TIME				