

REPORTS INVENTORY

12 ~~XXXXXXXXXX~~

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PREPARE IN DUPLICATE

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1. TITLE OF REPORT (if a fill-in report include Form No.)  
**Summary Accident Report**

2. TYPE OF REPORT  
 STATISTICAL  
 NARRATIVE  
 MACHINE-NAME LISTING

3. FUNCTIONAL AREA  
 PERSONNEL  
 LOGISTICS  
 MEDICAL  
 TRAINING  
 SECURITY  
 FINANCE  
 ADMIN. GENERAL  
 OTHER (specify)

4. NO. OF COPIES PREPARED: **4**  
 5. FREQUENCY (weekly, monthly, quarterly, etc.): **Monthly**

6. DISTRIBUTION (no. of components not number of copies): **1**

7. FORMAT (memorandum, form, computer print-out, etc.)  
 Form  
 B. ADP PROCESSING  
 YES IF YES GIVE ADP PROCESSING NO.  
 NO

9. DIRECTIVE AUTHORITY REQUIRING REPORT  
 STAT

10. PREPARING COMPONENT (include lowest level contributing information to report)  
**Surveillance Division (Safety Office)**

11. FEEDER REPORTS (State total number and identify by Title, Form No., or nomenclature. Attach separate sheet if necessary.)  
**None**

12. COST FACTORS

A. MANUAL PREPARATION AND REVIEW COSTS

GRADE	HOURLY RATE	HOURS PER REPORT	COST PER REPORT	TIMES PREPARED	COST PER YEAR
GS-5	3.57	1	3.57	12	42.84

B. COSTS OF COMPUTER PRODUCED REPORTS

TOTAL COSTS PER YEAR **\$42.84**

13. COMPLETE DETAILED JUSTIFICATION FOR THIS REPORT (in addition to directive or authority cited in item 9). IF KNOWN, INCLUDE DATE REPORT WAS FIRST STARTED AND COMPONENT WHO ESTABLISHED REQUIREMENT.

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Indicates vehicle miles traveled and manhours of exposure to industrial environment.  
 This is an

14. FUTURE GOALS

GOAL PROPOSED BY COMPONENT FOR THIS REPORT  
 RETAIN AS IS  
 CHANGE  
 DISCONTINUE  
 OTHER (explain)  
 ESTIMATED SAVINGS  
 MAN-HOURS:   
 DOLLARS:

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16. DATE OF INVENTORY  
**6 October 1970**

18. EXTENSION