

PROJECT DAILY SAFETY REPORT



Unique ID:

Status:

Project No:

File No:

Date:

Road No:

Road Info:

Contractor:

County:

Safety Measurement	Accident Severity Level Enter 0, 1, 2, 3 or 4	
SCDOT Employees		
Contractors		
Sub-contractors		
Utilities		
Motorists		
Pedestrians		
Other		

Legend
0 = 0 accidents / 0 injuries, no observed safety violations, outstanding safety programs
1 = 0 accidents / 0 injuries with minimal observed violations
2 = An accident recorded, but no injury occurred; safety violations observed
3 = Recordable injury occurring within the work zone (Contractor, SCDOT Employee or Public) *
4 = Fatality due to work zone failure or construction operation *

* Remarks are required and an email will automatically be sent to when this form is completed.

Remarks

Resident Construction Engineer