

DEPARTMENT OF LABOR AND EMPLOYMENT
Division of Workers' Compensation
Research and Statistics Unit
633 17th Street, Suite 400
Denver, CO 80202-3660

MONTHLY SUMMARY

Date Completed _____ Carrier Number _____

Carrier Name _____

Summary of injuries reported pursuant to Section 8 -43-101(2) C.R.S. as amended.

	Total number of medical-only cases accepted for payment (no lost time in excess of 3 days, etc.) including occupational disease not listed Rule 5-2(B).	¹ Total number of exposures to injurious substances	Totals
January			
February			
March			
April			
May			
June			
July			
August			
September			
October			
November			
December			

¹List of exposures to injurious substances: _____

Remarks: _____

Contact: _____

Address: _____