

Instructions for Completing the Monthly Summary

Please read all pages

This form is “**fillable**.” That means you can type the information onto the form from your computer and print the form. You will not be able to save the form onto your computer’s hard drive.

When you open the form, click in the “Date Completed” box (field), complete the information, and use the tab key to navigate to the next field. Do not use the Enter key; pressing the Enter key will only page down. Each field has been *limited*. This means that you cannot continue to type information into a field if it doesn’t fit into the space provided.

To clear or delete all the information you have typed onto the form, click on the red “**Clear Entire Form**” button. To change the information in one field, use the backspace or delete key.

DEPARTMENT OF LABOR AND EMPLOYMENT
Division of Workers' Compensation
Research and Statistics Unit
633 17th Street, Suite 400
Denver, CO 80202-3626

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: _____