



Hartsfield Jackson Atlanta International Airport OCIP

Attention: Neill Davis, OCIP Administrator / neill.davis@atlanta-airport.com
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Fax (404) 559-2395

FORM 5

Contractor FEIN
Name
Address

Project ID
Project Name
City, State ZIP

Office Contact

Office Phone

Fax

Email

Payroll Contact

Payroll Phone

Fax

Email

Awarding Contractor

Primary Contractor

Month / Year

Pay & Hours

WC Code

Total WC Pay

Hours Reg

Hours OT

TOTALS

OSHA 300 Log: Illness & Injury

Date Of Illness/Injury

Type Illness/Injury

Recordable
Yes No

Lost Work
Yes No

Fatality
Yes No

Days Lost

Days Restricted

I certify that I am the above-described person, and that I am legally authorized to submit the information contained in this form on behalf of the above-described contractor in relation to work to be performed within the scope of the HJAIA OCIP program. I affirm that all information contained in this document is true and complete to the best of my knowledge.

Signature

Printed Name

Date