



Employer Services  
 PO Box 44168  
 Olympia WA 98504-4168

Fax: 360-902-6787  
 Email: [LoggerSafety@Lni.wa.gov](mailto:LoggerSafety@Lni.wa.gov)

# Manual Logging

## Logging Safety Initiative Supplemental Monthly Report

Use this form to report **manual logging** hours monthly. Submit via mail or fax. Attach additional sheet if needed. If you're using a substitute form, be sure to include the required information.

Business Name			Payroll <input type="checkbox"/> Yes <input type="checkbox"/> No	
Phone Number	Account ID	UBI Number	Month Work Performed	Year

Name	Job Duties	Wages	Hours
1.		\$	
2.		\$	
3.		\$	
4.		\$	
5.		\$	
6.		\$	
7.		\$	
8.		\$	
9.		\$	
10.		\$	
11.		\$	
12.		\$	
13.		\$	
14.		\$	
15.		\$	
16.		\$	
17.		\$	
18.		\$	
19.		\$	
20.		\$	
<b>Total Manual Logging Hours Worked for the Month</b>			



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# Manual Logging

## Logging Safety Training Attendance Roster

Complete and submit the training attendance roster when employees are reported in the Safety Training Risk Class.

Training Subject		
Trainer Name		Trainer Title
Date	Time	Location
Business Name	Account ID Number	UBI Number

Name (Please Print)	Signature	Job Title	Total Hours	Total Year to Date Hours
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				
16.				
17.				
18.				
19.				
20.				