Produce Safety Program

Injury/Illness Report

Illness:

Date/Time of Symptoms	Name of Employee	Name of Person Completing Report	Symptoms (List all that apply)	Did the employee see a doctor?	If yes, please explain diagnosis if not confidential.
				☐ Yes ☐ No	
				☐ Yes ☐ No	
				☐ Yes ☐ No	
				☐ Yes ☐ No	
				☐ Yes ☐ No	

Injury:

Date/ Time	Name of Employee	Name of Person Completing Report	Location (on body) of Injury	Description of Injury	Action Taken

For Either Illness or Injury: Record the date that the employee expects to return to work. Document if the employee is assigned to a fruit/vegetable handling job or another non-handling job and document for how long.

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Reviewed By:		Title:		Date:	

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