Produce Safety Program

Injury/Illness Report

Illness:

Date/Time of	Name of Employee	Name of Person Completing	Symptoms (List all that apply)	Did the employee see	If yes, please explain diagnosis if not confidential.
Symptoms		Report		a doctor?	
				🗆 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.

 Reviewed By:
 Title:
 Date:

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