

ILLNESS / INJURY REPORTING LOG

Name of operation:

Please see the food safety plan for overall illness/injury reporting procedures.

| Date | Name of Employee | Injury sustained/ Illness reported | Action taken (ice applied, bandaged, sent to hospital, etc.) | Did employee return to work? (Yes or No) | Initials |
|------|------------------|---------------------------------------|--|--|----------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Reviewed By:

Title:

Date: