

Illness/Injury Reporting Log (Form E)

Name of Operation: _____

Please see the food safety plan for overall illness/injury reporting procedures. (Attach supplemental reports if necessary)

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: _____



Provided by:

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