

ACCIDENT - EXPOSURE INVESTIGATION REPORT

ACCIDENT DESCRIPTION:

DATE: TIME: LOCATION:

EMPLOYEES INVOLVED:

PREVENTATIVE ACTION RECOMMENDATIONS:

| CORRECTIVE ACTIONS COMPLETED: | RESPONSIBLE MANAGER: | DATE COMPLETED: |
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MEDICAL:

PRODUCTION LOSS

DATE:

REPORT PREPARED BY:

COMPLETED:

SAFETY COMMITTEE REVIEW: ☐ (YES) ☐ (NO)

CORRECTIVE ACTION:

DATE STARTED:

SAFETY COMMUNICATION PREPARED BY:

DATE:

SAFETY DIRECTOR SIGNATURE:

DATE: