

Record/Log Sheets

FARM NAME \_\_\_\_\_

Doc 3.08 Illness/Injury Reporting Log\*

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

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

Title:

Date:

\*Cornell Food Safety