



Safety Committee

Occupational Injury/Illness Investigation Report

Employee Name

Department

File Number

Contact Date

EMPLOYEE STATEMENT/WHAT OCCURRED:

Witnesses? Yes No

Interviewed? Yes No (If yes, please explain)

Action Taken By Investigator: (Counseling, training, repair, PPE, etc.)

Investigator:

When completed, return form to the EHRS Department, Box #85.

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