

ACCIDENT - EXPOSURE INVESTIGATION REPORT

ACCIDENT DESCRIPTION:		
DATE:	TIME:	LOCATION:
EMPLOYEES INVOLVED:		
PREVENTATIVE ACTION RECOMMENDATIONS:		
CORRECTIVE ACTIONS COMPLETED:	RESPONSIBLE MANAGER:	DATE COMPLETED:

MEDICAL:	
PRODUCTION LOSS	DATE:
REPORT PREPARED BY:	COMPLETED:
SAFETY COMMITTEE REVIEW: <input type="checkbox"/> (YES) <input type="checkbox"/> (NO)	
CORRECTIVE ACTION:	DATE STARTED:
SAFETY COMMUNICATION PREPARED BY:	DATE:
SAFETY DIRECTOR SIGNATURE:	DATE: