**Illness/Injury Reporting log**

**Name of operation: Pheasant Run Farm**

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

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| **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** |
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**Reviewed By: Title: Date:**