

Health Check Incident Report



Check applicable report below			
Question Fail <input type="checkbox"/>	Temperature Fail <input type="checkbox"/>	Became Symptomatic Onsite <input type="checkbox"/>	Other Report <input type="checkbox"/>
Employee Information			
Name of Person Involved		Sex	Date of Incident
Employee Category <input type="checkbox"/> Employee <input type="checkbox"/> Subcontractor <input type="checkbox"/> Temporary <input type="checkbox"/> Visitor Company Name:	Time Frame Time of Event _____ <input type="checkbox"/> am <input type="checkbox"/> pm Time cannot be determined <input type="checkbox"/>	Did someone witness the incident? <input type="checkbox"/> Yes <input type="checkbox"/> No Witness name:	
Name of employee's Supervisor:			
Report completed by: _____ Health Checker _____ Supervisor _____ Safety Dept.			
Description of sanitation procedures if applicable. (Attach sheet for additional comments)			
Health Checker/ Supervisor Signature		Date	
Specific Corrective Actions or Preventative Measures Taken			
Risk Assessment Notes:			
HR/Safety Department Recommendations:		Date for return to project:	
Date employee notified of return to project:		Communication method:	
HR/Safety Department Signature:		Date:	