Manufacturing Equipment Malfunction Injury Form

Date of Incident
Time of Incident
Employee Name
Employee ID
Position/Job Title
Department
Foreign contribution of
Equipment Involved
Description of Equipment Malfunction
Injury Description
Immediate Actions Taken
miniodiate / letter to Taillett
Mittage and (Name and Orantest left)
Witnesses (Name and Contact Info)
Reported To (Supervisor/Manager)
Date Reported
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Employee Signature
Signature Date