Reset Form

PrecisePersonnel
*Your Trusted Workforce Provider*

# Post-Accident Injury Review & Safety Meeting

**Location of Meeting:** _____ **Date:** _____

**Conducted By:** _____

**Where did the injury occur?** _____

**What was the employee doing?** _____

_____

**What was the direct cause of the injury?** _____

_____

**How can we prevent similar injuries from occuring?** _____

_____

## **Attendees** (Please list employee names):

| Employee Name: | Signature: |
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