



22. Was injured person using the required equipment? \_\_\_\_\_

23. What can be done to prevent a recurrence of this type of accident? Modification of machinery, mechanical guards, correct environment, training? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

24. Supervisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Department \_\_\_\_\_

**MANAGER'S APPRAISAL AND RECOMMENDATION**

1. In your opinion, what action on the part of the injured to others contributed to this accident?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. Your recommendation \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date \_\_\_\_\_ Manager's Signature \_\_\_\_\_



