

## Physical Hazards Incident Report

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Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Employee: \_\_\_\_\_

Time/Meal: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Child's name: \_\_\_\_\_

Food Item: \_\_\_\_\_

Object Description:

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Manufacturer's Product Information:

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Summary of Incident:

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Bag, label, and indicate current location of object:

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Employee Signature: \_\_\_\_\_

Corrective Action:

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Supervisor's Initials: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_



Food Safety Project  
IOWA STATE UNIVERSITY