

FORMS COMPLETION MATRIX FOR SOLID WASTE DEPARTMENT

TITLE OF FORM / CHECKLIST	SUPERVISOR	EMPLOYEE
Supervisor's Report of Employee Accident/Injury Form <i>[Appendix, page 25]</i>	X	
Accident Investigation Form <i>[Appendix, pages 26-30]</i>	X	
Report of Incident / Property Damage / Injury Form <i>[Appendix, page 31]</i>	X	
Required Safety Equipment Signature Form <i>[Appendix, page 32]</i>		X
Driver's Vehicle Inspection Report <i>[Appendix, page 33]</i>		X
Facility Safety Inspection Checklists <i>[Appendix, page 34]</i>	X	
Storm Season Employee Safety/Facility Checklist <i>[Appendix, pages 35-38]</i>	X	
Supervisor's Report of Vehicle Accident <i>[Appendix, page 39]</i>	X	

