181.5 Revised 2/2007

MISSISSIPPI FORESTRY COMMISSION

Log & Summary of Occupational Injuries

Location: Fiscal Year: July 1, 20___ to June 30, 20___ Page __ of ___

Date	Time	Name of Injured	Title	Describe Injury & Outcome	Treatment Administered	Supervisor's Signature

This form must be posted on an annual basis in each administrative location with the previous year's form(s) kept on file permanently. Attach additional forms as necessary. If no injuries occur during a fiscal year, file a negative report