## **NIELSEN ENVIRONMENTAL DAILY EXIT REPORT**

UPERVISOR:		JOB NO		DATE:
OCATION:				
ipervisor on the same DUR ARE REQUIRED TO	day that they o		AL WILL PRO	•
ND/OR ILLNESS TO YO	UR SUPERVISOF	R IMMEDIATELY.		
mployee ame	Date Signed	By signing I declare that I did not have an accident/incident that resulted in an injury and/or illness today.	Date Signed	By signing here, I declare that I had an accident/incident which resulted in an injury and/or illness. My supervisor had been made aware.
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