

Change Page

Section 3.4 -- Employees Injured on the Job

| REVISION DATE | CHANGE NUMBER | CHANGE |
|---------------|---------------|---|
| 3/23/2011 | 1 | Click here for red letter version |
| 12/29/1999 | 1 | NECESSARY FORMS: Change "Incident/Accident Investigation Report, PH-1765 (Rev. 10/94) " to "Incident/Accident Investigation Report, PH-1765 (Rev. 01/99) " |
| | 2 | OFFICE OF PRIMARY RESPONSIBILITY: Change "(615)532-6369" to " (615)741-7305" |