

WORKERS' COMPENSATION
State Employees of the Georgia Department of Defense

INCIDENT NOTICE ONLY

Instructions: Complete this form for the agency's record for injuries not requiring medical care. For occupational injuries requiring medical attention or lost work days, call Telephonic Reporting System at 1-877-656-Risk (7475) as soon as practical after the injury (see WC Reporting Instructions).

Date incident reported by employee: _____

Name of injured employee: _____

Office Phone #: _____ Social Security #: _____

Job Title: _____

Date of Incident: _____ Time of Incident: _____

Description of incident (how, where, why?): _____

Type of injury (cut, scrape, burn, etc.): _____

Place of occurrence (provide address if possible): _____

Witness/es (name/s and telephone #): _____

Was First Aid administered at time of incident? Yes _____ No _____

What type? _____

Supervisor's name: _____ Telephone #: _____

Person completing this report: _____

Telephone #: _____ Date report completed: _____

FOR INTERNAL USE - PERSONNEL RECORDS ONLY. Do not submit to DOAS, Risk Management.