

FOR REPORTING PURPOSES ONLY

INCIDENT NOTICE ONLY

Instructions: **Only use this form if no injury is claimed and/or no medical treatment was needed.** For occupational injuries requiring medical attention or lost work days, call the **Office of Human Resources** immediately upon notification of the injury. **Only use this form if no injury is claimed and/or no medical treatment was needed.**

Date incident reported by employee _____

Name of injured employee _____ Office phone# _____

Job Title: _____

Social Security # _____

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) _____

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

Witnesses (provide names and contact numbers) _____

Supervisor's name _____ Telephone # _____

Person completing report _____ Telephone # _____

Date Report completed _____

This form does not replace the WC-1, Employer's First Report of Injury and should only be used if there is no injury being claimed by the employee or that no medical treatment was needed. This form should be kept as part of the employee's personnel file and be made available if requested or forwarded to DOAS/Division of Risk Management Services by fax (404) 657-1188..