

## INCIDENT NOTICE ONLY

**Instructions:** Complete this form for the University's records for all worker's compensation minor incidents not requiring medical attention. Send this form to the Human Resources Office.

Name Of Employee: \_\_\_\_\_ Office Phone # \_\_\_\_\_

Job Title: \_\_\_\_\_ Department: \_\_\_\_\_

Employee's Social Security Number: \_\_\_\_\_

Date of Incident: \_\_\_\_\_ Approximate Time Occurred: \_\_\_\_\_

Date Incident Reported To Department By Employee: \_\_\_\_\_

Place Of Occurrence:

\_\_\_\_\_

Description Of Incident: (How, Where, Why? What Was Employee Doing?)

\_\_\_\_\_

\_\_\_\_\_

Type Of Injury: (Cut, Scrape, Burn, Etc.) \_\_\_\_\_

Witness(es) (Names & Telephone Numbers)

\_\_\_\_\_

\_\_\_\_\_

Was First Aid Administered At Time Of Incident? Yes \_\_\_\_\_ No \_\_\_\_\_  
(If Yes, What Type)

\_\_\_\_\_

Supervisor's Name \_\_\_\_\_ Telephone Number \_\_\_\_\_

Person Completing Report \_\_\_\_\_ Telephone Number \_\_\_\_\_

Date Report Completed & Sent To Human Resources: \_\_\_\_\_

Date Received In Human Resources Office: \_\_\_\_\_

This form is for GSW Internal Use Only. Do NOT submit it to DOAS, Risk Management.

Note - Upon notification of a minor incident or injury, the Departmental Secretary or Supervisor should immediately complete and send this report to the GSW HUMAN RESOURCES OFFICE.

Any questions, call Human Resources: 931-2000.

(Rev. 4/2006)