State of Georgia
Workers' Compensation

(AGENCY NAME)
INCIDENT NOTICE ONLY

Instructions: For occupational injuries **requiring medical attention or lost work days**, call the **Telephonic Reporting Center at 1-877-656-RISK (7475)** as soon as possible within 24 hours of knowledge of injury. Complete this form for the agency's record for all other injuries.

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)_____

Witness/es (Name/s and telephone #) _____

Was First Aid administered at time of incident? Yes, __No_____What type? _____

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).
FOR INTERNAL USE - PERSONNEL RECORDS ONLY.
Do NOT submit to DOAS, Risk Management unless medical treatment is sought.