

# FOR REPORTING PURPOSES ONLY

## INCIDENT NOTICE ONLY

Instructions: For occupational injuries requiring medical attention or lost work days, call the **Telephonic Claims Reporting System 1-877-656-RISK (7475)** 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.***