

WORKER'S COMPENSATION INCIDENT REPORT

1. Name: _____

2. Today's date: _____

3. Date of incident: _____

4. Time of incident: _____

5. Location of incident: _____

6. What were you doing when the incident occurred?

7. Were there any witnesses?

8. What part(s) of the body were injured?

Signature

Date

District Office completes

Date incident report received in office: _____