



**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.**