



**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.**