NOTICE OF INCIDENT

Report Due to Finance within 15 Hours after Injury

EMPLOYEE NAME:

ADDRESS:

HOME PHONE:

WORK PHONE:

DATE OF BIRTH:

SOCIAL SECURITY #:

LOCATION OF INCIDENT:

TYPE OF INCIDENT:

DEPARTMENT:

SUPERVISOR:

WHEN WAS SUPERVISOR NOTIFIED?

DETAILED DESCRIPTION OF INCIDENT:

_____
_____
_____
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_____

METHOD OF TREATMENT: **1ST AID**
(CIRCLE ONE)

ER

HALIFAX WORKS