

DEPARTMENT OF HUMAN SERVICES INCIDENT REPORT

Instructions: For work-related injuries, illnesses and exposures to occupational disease requiring medical attention or lost work time, call the telephonic reporting system at **1-877-656-RISK (7475)** within 24 hours or as soon as practical after the injury, illness or exposure. Since this number is toll-free, it should be dialed like a local call (i.e., dial "9" prior to the phone number, if applicable). Complete this form for the Department's record for injuries, illnesses and exposures to occupational disease which **DO NOT** require medical attention or lost work time.

Name of Employee _____ Date _____

Job Title _____ Social Security # _____

Position # _____ Employee ID _____

Work Location _____ Work Phone # _____

Date of incident _____ Time of incident _____

Date incident reported by employee _____

Description of incident (how, where, why?) _____

Type of injury, illness or exposure to occupational disease (cut, burn, etc.) _____

Place of occurrence (provide address if possible) _____

Witness/es (Name/s and telephone #/s) _____

Was First Aid administered at time of incident? Yes _____ No _____ What type? _____

Supervisor's name _____ Telephone # _____

Person completing report _____ Telephone # _____

Title of person completing report _____ Date report completed _____

This form does NOT replace the WC-1, Employer's First Report of Injury or Occupational Disease Form. Please do not submit to DHS or the DOAS Worker's Compensation Program.

THIS REPORT IS TO BE COMPLETED FOR THE SUPERVISOR'S RECORDS ONLY
