

Incident Report

Columbus State University - Location Code 7236
4225 University Avenue, Columbus, GA 31907, Muscogee County

Employee Information:

Name _____ SSN _____

Home Address _____

Home phone number _____ Work phone number _____ Date of Birth _____

Age _____ Sex _____ Date of Hire _____ Marital Status _____ Number of Dependents _____ How many are minors? _____

Employees' job title _____ Department name _____

Basic job requirements _____

Employee works _____ hours a day _____ days' a week. Regular schedule _____

Length of time in current position _____ How often is Employee paid? _____ Was Employee hired in the state of GA? Yes

Incident Information:

Date of Incident _____ Time of Incident _____ Date reported to employer _____ Date last worked _____

Was Employee paid for date of injury? Yes Has Employee returned to work? _____ Date returned to work _____

Description of Incident (Who, How, Where, Why) _____

Type of injury (cut, scrape, burn, etc) _____

Exact Body part(s) injured _____

Location of incident (address and county) _____

Reason to doubt? _____ If so, why? _____

Where there witnesses? _____ If yes, give Name and telephone number _____

Did Employee request accident prevention services? _____ If so, were they received? _____

Was first aid administered on site? _____ If yes, by whom? _____

Supervisor's Name _____ Telephone Number _____

Report completed by _____ Date _____

To Be Completed by Human Resources

Date Reported to DOAS _____ Operator's Name _____ Workers' Compensation Claim Number _____