



REHABILITATION INDIVIDUAL INCIDENT INVESTIGATION REPORT INSTRUCTIONS

PURPOSE

To report an incident, accident or injury associated with a DSB Individual/Worker. **If medical treatment is required, DSB 4009-WCC-D Medical Authorization, should be completed.**

PREPARED BY

DSB staff receiving report of the injury. If this staff person is unavailable, the report will be completed by the next Vocational Rehabilitation level of Management (District Vocational Rehabilitation Supervisor, Counselor-In-Charge or Area Vocational Rehabilitation Supervisor).

INSTRUCTIONS

Name of Individual: Enter the individual's name (first name, middle initial and last name).

Social Security Number: Enter the individual's nine-digit Social Security Number.

Date of Accident: Enter the two-digit month, two-digit day and four-digit year the injury occurred.

Time of Day of Accident: Enter the two-digit hour and two-digit minute followed by the morning sign (AM) or afternoon/evening sign (PM) the injury occurred (example: 04:25 PM or 12:15 AM).

Date Accident Reported: Enter the two-digit month, two-digit day and four-digit year the accident was reported. The authorized person signs and dates the form. This report must be within the last 24 hours from date and time the injury occurred.

Location of Accident (Specify Employer, Address and Site within the Worksite): Enter the exact worksite location and specific areas within the worksite that the injury occurred.

Worksite Supervisor: Enter the worksite supervisor responsible for the individual's specific work area.

Phone: Enter the nine-digit phone number for the work site supervisor.

Witnesses Name: Enter names of all witnesses (first name, middle initial and last name).

Phone: Enter the nine-digit phone number for all witnesses listed.

Description of Incident: Describe in great detail the incident, accident or injury. Utilize reverse side if needed.

Individual Required: Place an "X" in the block to indicate if the individual received no treatment, first aid on-site or medical treatment.

DSB staff signs and dates the form to include position title and nine-digit phone number.

DISTRIBUTION

Original: Case Record