*Please give incident reports to HR as soon as injury occurs.*

# Barnwell County

## Human Resources Department

57 Wall Street • Room 223 • Barnwell, SC 29812
Phone 803-541-1013 • Fax 803-541-1005

# *Incident Report*

| | |
|---|---|
| Name of Injured Employee/Volunteer: | Date of Incident: |
| Address: Phone: | Time of Incident: |
| DOB: SS#: | Employees Involved: |
| Location of Incident: | Supervisor: |
| Date of Report (if different from above): | Witnesses: |
| | Address: Phone: |

**Details of Incident:**

| | |
|---|---|
| Injured Employee/Volunteer Signature: | Date: |
| Department Head/Supervisor: | Date and Time Received: |
| Date Received by HR: | |
| Date First Report of Injury Sent to Companion: | |
| Date Investigation Performed: | |
| Signature of Employee: | |

ORIGINAL - HR Department YELLOW - Employee