



City of Belfast

FIRST REPORT OF INCIDENT

(Workers' Compensation)

\*Please File This Report with Your Supervisor As Soon As Possible\*

DATE OF INCIDENT: \_\_\_\_\_ TIME: \_\_\_\_\_ a.m./p.m.

EMPLOYEE INFORMATION

Name: \_\_\_\_\_

Job title/Department: \_\_\_\_\_

Address: \_\_\_\_\_

Phone number: \_\_\_\_\_

Time you began work on the day of the incident: \_\_\_\_\_ a.m./p.m.

DESCRIPTION OF INCIDENT: (Include circumstances under which incident occurred and all equipment, materials or chemicals you were using at the time of incident, please be specific)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Was activity part of your normal job duties:      Yes                      No