Agricultural Farm Workers' Compensation Incident Template

Date of Incident
Time of Incident
Time of Incident
Worker Name
W. L. ID (F. J. N.
Worker ID / Employee No.
Location of Incident
Companies and News
Supervisor Name
Description of Incident
Nature of Injury / Illness
Was treatment provided?
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If yes, location/clinic
Witnesses (if any)
Immediate Action Taken
Date Reported
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Reported By