



SYEP Intern Incident Report

Fax report
 Attention: Eshia Smith
 863-291-6979

PARTICIPANT	Worksite ID#: SYEP PY18-19 – (Name of Worksite):				
	Name (Last, First, Middle)	Date of Birth	SS# (Last 4)	Program Start Date 06-03-2019	Program End Date 08-09-2019
	Address	Sex: ___ Male ___ Female	Marital Status ___ Unmarried ___ Married ___ Separated ___ Unknown		Occupation Job Title
	Phone	# Dependents			
OCCURRENCE	Time work began _____ am _____ pm	Date of Injury/illness	Time of Injury: _____ am _____ pm	First Date of Disability	
	Type of Injury (contusion, fracture, etc.)		Body part affected (included left, right, front or back)		
	How injury occurred? Describe the sequence of events. Include any objects or substances that directly injured the employee, specific activity employee was engaged in when accident or illness occurred. Use reverse, if necessary.				
	Was supervisor notified initially? ___ Yes ___ No If no, who?		Date notified:		
	Witness (name & phone#)		Supervisor (name & phone)		
	Date prepared:	Preparer's name:	Phone#:		
	Date return to internship:	If fatal, date of death:	Were safeguards provided? ___ Yes ___ No Were safeguards used? ___ Yes ___ No		
MEDICAL	Health Care Provider (name & address)	Hospital (name & address)		Initial treatment: ___ No medical treatment ___ Minor by employer (First Aid) ___ Minor Clinic Hospital Emergency Case: ___ Hospitalized > 24 hrs.	
	Work Week: _____ Hours _____ Days				
OTHER	OFFICIAL USE ONLY				
	CareerSource Polk Staff	Date Received:			
	Copy of Report Provided to: _____	Date Provided:			