



WAKE COUNTY ABC EMPLOYEE INJURY INCIDENT REPORT

Reference # _____
Claim # _____

PURPOSE

The purpose of this form is to document information and details whenever an employee of Wake County ABC is injured on any property owned, leased, or managed by Wake County Alcoholic Beverage Control.

PROCESS

- **Step 1:** If it is a life emergency then **IMMEDIATELY dial 911**. If not, contact EMC at 844.322.4668
- **Step 2:** Once the employee has been assisted and cared for then **IMMEDIATELY** contact the Office or if after hours, the Administrative On-Call Number (919.610.6313)
- **Step 3:** Complete the information below and submit it to Wake ABC Administration

PART 1: TO BE COMPLETED BY SUPERVISOR

Date of incident: _____ Time of incident: _____ am/pm Location (store #/office/warehouse): _____

Name of injured employee: _____

What part of the body was injured? (Check or list all that apply)

- Hand
 Wrist
 Finger
 Arm
 Foot
 Ankle
 Leg
 Head
 Neck
 Back
 Other (please list): _____

Was 911 called? _____ Where in the building did the injury occur? _____

Describe the injury: _____

What responsibilities were the employee doing when the injury occurred? _____

Names of employees present: _____

Names of witness(es) : _____

Employee's (Store Management) summary and details of the incident *(use back of this page if additional space is needed)*:

Name of Supervisor Completing This Form: _____

Date _____

