KenCrest WC Incident Report for Work Related Injuries

Date of incident: ___/____/_____	Time: _____ AM ☐ PM ☐	Employee name (First and Last):
Incident Occurred: Before Shift ☐ During Shift ☐ After work shift ☐	Employee cell #:_____ Exact location of incident: _____ Address of facility: _____	
Male ☐ Female ☐	Full-time ☐ Part-time ☐	Job title:
Date of birth: ___/____/_____	Date of hire: ___/____/_____	INCIDENT CATEGORY (please circle one): - Struck by/Against - Carrying or lifting - Slip, trip or fall - Pushing/Pulling/Reaching - Caught in/under/between - Other: _____ - Contact or exposure _____ - Auto accident _____
Body part affected (please be specific):		
Equipment/item involved if any:		
Did the employee leave work? Yes ☐ No ☐	Did the employee seek medical attention? If so, name and address of location Yes ☐ No ☐	
Was a Child or Individual Involved? Yes ☐ No ☐ Child or Individual Name:	Was other staff involved? Yes ☐ No ☐ Witness's name: Phone number:	PA Panel List Provided Yes ☐No ☐ PA Panel List Signed Yes ☐No ☐ CT/DE: Panel List Provided Yes ☐No ☐
Incident was Preventable ☐ Non-Preventable ☐		
* Incident Description and Corrective Actions:		

KenCrest WC Incident Report for Work Related Injuries

Name (print): _____

Signature: _____ Date____/____/_____

Some helpful Instructions on how to complete this form. Please do not leave any section blank.

- **Incident Report Form:** Employee and or Supervisor must complete and submit this form and the PA Panel List Declaration form within 24 hours of an incident to Manager of Workers Compensation.
- **Panel List: Only PA** Employees must sign the form within 24 hours.
- **Please write out the affected body part(s):** Please be specific. Example, right hand, right knee, head, etc.
- **Incident description:** Please describe the mechanism of injury in detail and feel free to write on the back of this form.
- **Auto Accidents:** KENCREST SERVICES VEHICLE ACCIDENT FORM must also be completed. Submit a copy of the Police Report within 24 hours to Manager of Workers Compensation.

Should you have any questions or concerns about this form, please contact Minyette Brown at 610-825-9360 extension 1040 (office) or 215-260-1110 (cell).