INSTRUCTIONS FOR COMPLETING THE COMPENSATION FOR INJURY LOG (ICS FORM 226)

ITEM NUMBER	ITEM TITLE	INSTRUCTIONS						
1.	Incident	Enter incident name and / or number.						
2.	Date	Enter date of beginning of operational period.						
3.	Operational Period	Enter the operational period this log covers.						
4.	Date	Enter date of <u>notification</u> of injury.						
5.	Time	Enter 24 hour time of <u>notification</u> of injury.						
6.	Name should be made for each indi-	Name Enter name of individual injured-separate entries should be made for each individual injured.						
7.	Agency	Employee's agency.						
8.	Nature of Injury	Enter nature of injury as first described.						
9.	Agency Reps Advised is advised.	Initial when Agency Rep from employing agency						
10.	Medical Unit Advised	Initial when Medical Unit is advised.						
11.	Investigation Started	Initial when an investigation has been initiated.						
12.	Injury Report Initiated has been started.	Initial when it is confirmed that an injury report						
13.	Injury Report Completed report copy.	Initial when / if you receive a completed injury						
14.	Status operational period. (e.g., pen completed, etc.)	Report status of log entry at completion of ding, dropped,						

COMPENSATION FOR INJURY LOG (See reverse side for instructions)

1. INCIDENT		2. DATE		s. OPERATIONAL PERIOD						
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ICS FORM 226