

COMPENSATION FOR INJURY LOG
(See reverse side for instructions)

1. Incident _____ 2. Date _____ 3. Operational Period _____

4. Date	5. Time	6. Name	7. Agency	8. Nature of Injury	9. Agency Reps Advised	10. Medical Unit Advised	11. Investi- gation Started	12. Injury Report Initiated	13. Injury Report Completed	14. Status

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	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	Initial when Agency Rep from employing agency is advised.
10.	Medical Unit Advised	Initial when Medical Unit is advised.
11.	Investigation Started	Initial when an investigation has been initiated.
12.	Injury Report Initiated	Initial when it is confirmed that an injury report has been started.
13.	Injury Report Completed	Initial when/if you receive a completed injury report copy.
14.	Status	Report status of log entry at completion of operational period (e.g., pending, dropped, completed, etc.).
