## IBEW Local #38 Incident and Accident Report

Date of Accident: / /	Time of Accident:
General Contractor:	
	Steward Reporting:
Injured Member:	_ Was member taken to the hospital?: YES / NO
Name & Address of Hospital:	
Describe cause and nature of incident of	r injury in full:
Time Lost?: Yes	No
Company Representative	Union Steward
Workers Compensation Number	Members Signature