



Department of Fish and Game
Report of Minor Incident



Name		SSN	Date of Birth	Sex F M
Region/Division/Branch/Office			Unit	
Address of Region/Division/Branch/Office				
Location where injury occurred				
Job Title	Date of Injury	Time of Injury	Date Injury Reported	
Describe the injury and how it occurred (include part of body affected)				
Treatment				
Comments				
Gave employee SCIF 3301 on: _____ Date				
_____ Signature of injured			_____ Signature of Supervisor	
_____ Date			_____ Date	

Instructions:

1. The supervisor will complete this form when an employee reports an injury, but did not lose time and did not see a doctor.
2. This form can be used to help complete the 3067 if an employee eventually loses time or decides to see a doctor for this injury.
3. The Region/Division/Branch/Office will retain this form for a minimum of five years (this form may be attached to the 3067 if one is completed.).
4. cc: employee, supervisor