

INJURY REPORT LOG (ICS 226)

ICS 226

Injury Report Log

Purpose: The Injury Report Log (ICS 226) is used to record reports of injuries to responders. For each reported injury case, appropriate administrative personnel must be notified and potential workers' compensation claims must be documented using the workers' compensation claim forms referenced in the table below.

Preparation: An ICS 226 can be initiated and maintained by an Incident Commander, Scribe, or Finance and Administration Section personnel assigned to an incident. Upon activation of a Department Operations Center (DOC), the ICS 226 may be initiated and maintained by DOC Finance and Administration personnel to support incident management. If the ICS 226 is utilized, please prepare and complete one form per operational period. You may need to refer to the prior operational period to record any pending claims on the new form.

Distribution: The completed ICS 226 should be provided to the City and County of San Francisco Department of Human Resources at the completion of each operational period. Completed workers' compensation forms should be attached to the ICS 226 (retain any such forms that are pending, providing them during the next operational period). Copies of documentation submitted to DHR should be retained by your department's human resources.

Block Number	Block Title	Instructions
1	Incident Name	Enter the name assigned to the incident
2	Operational Period <ul style="list-style-type: none"> • Date • Time 	Enter the time interval for which the form applies. Record the start and end date (month/date/year) and time (24-hour clock).
3	Agency	List the Agency (e. g., City department) under whose jurisdiction the work is being performed.
4	Date/Time Reported	Enter the date and time at which the reported injury case was received.
5	Name	Enter the injured responder's name (last, first).
6	DSW or ID#	If the injured responder is a City & County of San Francisco employee or DSW Volunteer, enter the DSW number. Otherwise, enter an ID number (e. g. other jurisdiction employee ID#, Badge #, Driver's License#, etc.), if known.
7	Home Agency	Enter the injured responder's agency (e. g. City department). If from an outside jurisdiction, specify the agency and jurisdiction. If a volunteer, note "volunteer" and specify the organization with which the volunteer is affiliated, if applicable.
8	Notified	Check the box once the home agency of the injured party (City department or employing jurisdiction) has been notified. If injured party is a DSW Volunteer, record the home agency as DHR, which will coordinate to notify the emergency contact.
9	DWC Form 1	Check the box to indicate that DWC Form 1 has been completed for the injured party.
10	Status	Indicate status of case at end of operational period (e. g. pending, dropped, completed, etc.).
11	Prepared by <ul style="list-style-type: none"> • Name • Position Title • Signature • Date/Time 	Enter the name, ICS position/title, and signature of the person preparing the form. Enter date (month/date/year) and time prepared (24-hour clock).