



GEORGIA DEPARTMENT OF LABOR
EMPLOYMENT OF MINORS IN ENTERTAINMENT

BRUCE THOMPSON
COMMISSIONER

INCIDENT REPORT FORM

Date of Incident: _____ Time of Incident: _____

Employing Unit: _____ Certification No.: _____

Employing Unit Rep.: _____ Child Labor Coordinator: _____

Production No.: _____ Location No.: _____

Certification Number(s) of Minor(s) Involved:

Description of Incident

Name of Child Labor Coordinator: _____

Signature of Child Labor Coordinator: _____

Date: _____

Please email report to childlabor_MIE@gdol.ga.gov.