

Georgia Department of Labor
Employment of Minors in Entertainment

INCIDENT REPORT FORM

Date of Incident: _____ / _____ / _____ Time of Incident: _____

Employing Unit: _____ Certification No.: _____

Employing Unit Rep.: _____ Child Labor Coordinator: _____

Production No.: _____ Location No.: _____

Date Submitted to the Department of Labor _____ / _____ / _____

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

Description of Incident

Name of Child Labor Coordinator: _____

Signature of Child Labor Coordinator: _____

Date: _____ / _____ / _____