FIELD INCIDENT SUMMARY LOG FOR:
TICK BITES

DEPARTMENTAL CODE:

FIELD OFFICE:_____ PAY PERIOD:

DATE LOCATED	DATE REPORTED	EMPLOYEE NAME	SOCIAL SECURITY #	INCIDENT COUNTY	LOCATION-BODY AREA	WAS INSECT REPELLENT IN USE?	SUPERVISOR NAME

SUPERVISORS NOTE:

EMPLOYEES LISTED ON THIS LOG ARE TO BE ADVISED TO LOOK AT THE AFFECTED AREA DAILY AND TO IMMEDIATELY REPORT ANY CHANGES TO THE BITE AREA TO THEIR SUPERVISOR WHO WILL TRANSPORT THEM TO A DOT PREFERRED PROVIDER FOR EVALUATION. THE IMMEDIATE SUPERVISOR SHALL COMPLETE A FORM 19 FOR ANY EMPLOYEE THAT REQUIRES MEDICAL ATTENTION, INCLUDING PRESCRIPTIONS FOR THE TICK BITE. THIS INCIDENT LOG SHALL BE SENT TO THE UNIT'S ADMINISTRATIVE OFFICE AT THE END OF EACH PAY PERIOD. THE ADMINISTRATIVE OFFICE WILL THEN FORWARD THE LOG SHEET TO THE SAFETY & LOSS CONTROL DIVISION.