



ACCIDENT/INJURY/INCIDENT REPORT FORM

NOTE – This form does not take the place of Workers Compensation First Report of Injury Form or any other accident report required by the College’s Insurance

EMPLID #: _____ Date of Incident: _____

Person Involved: _____ Time of Incident: _____

Address: _____ City, ST, Zip: _____

Phone: _____ Email: _____

Student Faculty/Staff Visitor/Guest Division or Department: _____

Location - be specific (Bldg., Hall, Room, Parking Lot, etc.): _____

1. Description of Accident (Include Instructor, Course, EMPLID, if supervised activity, Complaints, etc.) Use additional sheets as necessary.

2. Description of action taken including any first aid administered (Corrective Actions, Times, Findings, etc.) Use additional sheets as necessary.

Assistance administered by: _____ Phone: _____

Witness Name: _____ Phone: _____ Email: _____

Witness Name: _____ Phone: _____ Email: _____

Person Involved in Accident: _____
Signature Date

Instructions:

Complete PDF form online, print and sign. If completing paper copy, please use pen and print clearly. Submit form to Human Resources, Safety Officer, and/or Chemical Hygiene Officer as appropriate

Office Use

Public Safety Director/Chief of Police: _____
Signature Date

Director of Finance & Facilities: _____
Signature Date