

The following form(s) can be filled in on-line, then printed for signatures and mailing or faxing.

To begin filling out the forms in Acrobat Reader, make sure the **hand** tool is selected then click on a line or in a box and begin typing. Check boxes can be clicked on or off.



INCIDENT/ACCIDENT REPORT

including accidental injuries and work-related injuries and illnesses (PLEASE PRINT LEGIBLY)

THIS REPORT IS TO BE ROUTED AS SOON AS POSSIBLE OR WITHIN 24 HOURS OF INCIDENT

1. Name of affected person _____ Age _____ Gender: M F

2. Status: Student (including Head Start children) Student work-study CCS employee Visitor

3. Unit: District Administration SCC SFCC IEL Other _____

4. Home address _____ Phone _____

5. Time incident occurred: Hour _____ AM PM Date _____

6. Exact location _____

(For example: SCC, Main Building, Room 232 or SFCC, parking lot P-9)

7. Describe factually what occurred prior to and during the incident, the nature of the injury and exact injury location (for example: left hand, index finger):

8. Was incident caused by an unsafe condition or act (wet floor, machinery, weather)? Please explain:

9. Signature _____ Injured party Witness

10. Remarks on treatment (if medical attention was required, please give name of ambulance service, hospital and/or physician):

Medical treatment was declined at this time

11. **Witnesses to the incident**

Name _____ Phone _____

Name _____ Phone _____

12. Person making this report _____ Phone _____

13. Supervisor's signature _____ Date _____

Mail stop _____

Attention Supervisor: Send original to Environmental Health and Safety, MS 1016. Make copies as needed.