INJURY/ACCIDENT REPORT FORM

NAME _____

HOME ADDRESS _____

LOCATION OF OCCURRENCE _____

INJURY/ACCIDENT DATE _____ INJURY/ACCIDENT TIME _____

DATE REPORTED _____ TIME REPORTED _____

INJURY/ACCIDENT REPORTED TO _____

INVOLVED PERSON IS: STUDENT _____ EMPLOYEE _____ VISITOR _____

WITNESS (NAME/ADDRESS) _____

WITNESS (NAME/ADDRESS) _____

WITNESS COMMENTS: _____

_____

WHAT CAUSED THE INJURY/ACCIDENT _____

_____

NATURE/EXTENT OF INJURY/ACCIDENT _____

_____

DESCRIBE MEDICAL ATTENTION _____

DID THIS OCCUR AS A RESULT OF A SAFETY MATTER? _____

SHOULD A MEMBER OF THE SAFETY COMMITTEE BE NOTIFIED? _____

SIGNATURE OF PERSON COMPLETING THIS FORM _____

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ADMINISTRATION COMMENTS AFTER INVESTIGATION (Due within 48 hours): _____

_____

_____

_____

Signature of administrator _____ Date _____

SAFETY COMMITTEE COMMENTS (IF SAFETY RELATED): _____

_____

_____

_____

Signature of safety committee member _____ Date _____

10/91