

FEATHER RIVER COMMUNITY COLLEGE DISTRICT

ACCIDENT-INJURY REPORT

Instructions: This report is to be used for reporting accidents, illness

- A. Promptly complete BOTH sides of this report.**
- B. State all the facts, DO NOT express opinions. This document may be used in litigation.**
- C. Obtain names and addresses of witnesses when possible.**
- D. Promptly notify the Personnel Office, or if unavailable, the Safety Officer and deliver completed accident/injury packet immediately to the Personnel Office.**

DATE AND TIME OF ACCIDENT/INJURY:

_____/_____/_____
Month Day Year

TIME _____ AM / PM

IDENTIFY:

- Physical injury
- Illness

CLASSIFICATION OF INJURED:

- Employee _____
Job Title _____ Non-student*
- College work-study student Child Development Center
- Volunteer
- Student
- Student athlete

*If non-student, state why on premises: _____

NAME AND ADDRESS OF INJURED:

Last First M/I

Street Apt. #

City State Zip Phone #

_____/_____/_____
Birthdate (M/D/Y) Age Sex Soc. Sec. Number

PARENT OR OTHER PERSON TO CONTACT:

Name Phone #

Exact location of accident/injury:

Describe Injury;(s) _____ None

Describe the cause of the accident/injury (do not express opinions):

Describe damage to district property: _____ None

Describe circumstances of injury and/or property damage:

Describe any apparent physical handicaps or limitations: _____ None

DISPOSITION OF INJURED:

Refused aid or assistance First aid only Sent to School Nurse
 Resumed normal activity Voluntarily left facility Doctor
 Hospital / Name _____
 Ambulance / Name of ambulance company _____

Describe medical attention administered: [] None

First aid administered by: [] None

Name _____ Title _____

Witnesses to accident/injury:

Name _____ Address _____ Phone # _____

Name _____ Address _____ Phone # _____

Report completed by:

Name _____ Title _____

Supervisor's Signature

Date

IMMEDIATE SUPERVISOR'S EVALUATION

Analysis of Injury

Please mark the reasons that, in your opinion, caused the injury. In most cases there will be several reasons under both unsafe conditions and unsafe acts contributing to the injury. Fill out in detail.

AN UNSAFE CONDITION EXISTED: (Check all that apply)

- Defective equipment, tools Slippery or uneven walking surfaces
- Equipment not properly guarded Faulty layout of facilities
- Poor working conditions (light, Ventilation) Poor housekeeping
- Other (specify)

What have **you** done to eliminate this condition?

AN UNSAFE RESULTED FROM: (Check all that apply)

- Lack of training Not using personal safety devised Horseplay
- Not following rules Physical or mental handicap Improper work method
- Haste: chance taking Boredom; inattention Improper body position
- Other (specify)

What have **you** done to correct this act?

Supervisor's Signature

Date

IMMEDIATELY FORWARD TO THE PERSONNEL OFFICE

