



Injury Accident Report

Date of Occurrence _____

Time of Occurrence _____

Section A: Personal Information

Name: _____ Student Employee Visitor EE/Student ID: _____

Facility/Campus: _____

Accident Location: _____

Section B: Description of Injury

Apparent Nature of Injury

- Abrasion
- Amputation
- Asphyxiation
- Bite
- Bruise
- Burn
- Concussion
- Cut
- Dislocation
- Fracture
- Laceration
- Poisoning
- Puncture
- Scald
- Scratch
- Shock
- Sprain
- Other

If Other, explain: _____

Part of Body Injured

- Abdomen
- Ankle L R
- Arm L R
- Back
- Chest
- Ear L R
- Elbow L R
- Eye L R
- Face
- Finger
- Foot L R
- Hand L R
- Head
- Knee L R
- Leg L R
- Mouth
- Other

If Other, explain: _____

Describe the nature of the injury (cut, third finger, left hand, etc.):

Describe medical attention provided or received and by whom:

Section C: Description of Accident

Did accident occur while in an instructional or work activity? Yes No *If no, continue to Section D.*

Please specify any machine, equipment, or tools involved: _____

If applicable, were proper machine guards used? Yes No

Was individual using Safety Equipment? Yes No Describe Safety Equipment: _____

If Safety Equipment was not in use, explain: _____

Was individual given safety orientation? Yes No

Was this accident/injury due to faulty equipment? Yes No

Did person have permission to use equipment? Yes No If no, explain: _____

Was supervisor/instructor present at accident? Yes No If no, explain: _____

Describe any action taken to prevent recurrence: _____

Section D: Statements/Signatures

Employee's/Student's description of accident (explain in detail):

Employee's/Student's Signature: _____ Date _____

Was family notified? Yes No Explain: _____

Was student provided with supplemental insurance form and instructions? Yes No

Witness' description of accident (explain in detail):

Witness' Signature: _____ Date _____

List all non-student/non-supervisor witnesses and contact information:

Name	Email Address	Phone Number

Supervisor's/Instructor's description of accident (explain in detail):

Supervisor's/Instructor's Name and Signature _____ Date _____

Section E: Additional Signatures

If report is completed by an individual other than the Supervisor/Instructor please provide name and signature below:

Name and Signature _____ Date _____

Section F: Administrator Comments:

Administrator's Signature: _____ Date _____

Section G: KCTCS Environmental Health and Safety Review

Date accident report received by EHS Coordinator: _____

FOR SAFETY SECTION USE ONLY		
Degree of Injury	Minor	Severe

Important: Send copy to KCTCS Environmental Health and Safety Coordinator via email at ehscoordinator@kctcs.edu.