



ACCIDENT REPORT

Including accidental injuries and work-related injuries, illnesses, incidents
and near misses (PLEASE PRINT LEGIBLY)

THIS REPORT IS TO BE ROUTED AS SOON AS POSSIBLE OR WITHIN **24 HOURS** OF INCIDENT
FOR SECURITY-RELATED INCIDENT REPORTING, USE "SECURITY INCIDENT REPORT" FORM (CCS 1286)

1. Last name of affected person _____ First _____ Age _____ Gender M F
2. Status Student (including Head Start children) Student work-study CCS employee Visitor
3. Unit District SCC SFCC Other _____
4. Home address _____ City _____ St _____ Zip _____ Ph _____
5. Time incident occurred Hour _____ AM PM Date _____
6. Exact location of accident _____
(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: While trying to staple photocopies, I stapled my index finger on my left hand and punctured it twice.):

8. Was incident caused by an unsafe condition or act (wet floor, defective equipment, uneven walking surface)? 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 offered at this time. If not, please explain below. Medical treatment was offered and declined at this time.

11. **Witnesses to the incident**
Name _____ Phone _____
Name _____ Phone _____
12. Person making this report _____ Phone _____
13. Supervisor's name and signature _____ Date _____

Mail stop _____

Attention Supervisor: Send original to Environmental Health and Safety, MS 2156. Make copies as needed.

If it is a work-related accident/injury for an employee (including work-study students), another copy must be sent to Human Resources, MS 1004.