Community Colleges of Spokane

ACCIDENT REPORT

Including accidental injuries and work-related injuries and illnesses 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 Administration ☐ SCC ☐ SFCC ☐ Other _____
4. Address _____ City _____ St _____ Zip _____ Ph _____
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 1004. Make copies as needed.