

Student/Visitor Accident, Injury or Unusual Incident Report

Instructions: Prepare this report for any accident, injury, or unusual incident. Use back for additional comments. *MAY ALSO BE USED FOR PROPERTY DAMAGE.* ** CC Employees must fill out Form 301

CONTACT INFORMATION OF AFFECTED PARTY

Name (Last, First, MI) _____

Address/Phone (Local) _____

Address _____

Email _____

City, State, Zip _____

Classification (Circle one)

Student

Visitor

ACCIDENT, INJURY OR UNUSUAL INCIDENT

Accident with Injury
 Accident without Injury
 Unusual Incident

Date and Time of Incident _____

Exact Location of Incident _____

Name of Instructor or Staff at Location _____

DETAILS OF ACCIDENT, INJURY OR UNUSUAL INCIDENT

** Provide a detailed description – Use back for space if needed*

Witness(es): Name, Address, Phone, Email

PART OF BODY INJURED OR AFFECTED (Indicate Right or Left)

<input type="checkbox"/> Generalized <input type="checkbox"/> Skull, Scalp <input type="checkbox"/> Eye <input type="checkbox"/> Nose <input type="checkbox"/> Mouth	<input type="checkbox"/> Jaw <input type="checkbox"/> Other, Head <input type="checkbox"/> Neck <input type="checkbox"/> Spine <input type="checkbox"/> Chest	<input type="checkbox"/> Abdomen <input type="checkbox"/> Back <input type="checkbox"/> Pelvis <input type="checkbox"/> Other, Trunk <input type="checkbox"/> Shoulder	<input type="checkbox"/> Upper Arm <input type="checkbox"/> Elbow <input type="checkbox"/> Forearm <input type="checkbox"/> Wrist <input type="checkbox"/> Hand	<input type="checkbox"/> Finger <input type="checkbox"/> Hip <input type="checkbox"/> Thigh <input type="checkbox"/> Knee <input type="checkbox"/> Lower Leg	<input type="checkbox"/> Ankle <input type="checkbox"/> Foot <input type="checkbox"/> Toe <input type="checkbox"/> Other, Specify
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This Report Prepared By: _____ Date: _____

Contact Information: _____

**FOR RISK MANAGEMENT USE ONLY **

Date Received: _____ Received By: _____

Action taken: _____

By whom: _____ Projected Completion Date: _____