



### 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: \_\_\_\_\_

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**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

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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

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

Supervisor's/Instructor's Name and Signature \_\_\_\_\_ Date \_\_\_\_\_

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**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 \_\_\_\_\_

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**Section F: Administrator Comments:**

Administrator's Signature: \_\_\_\_\_ Date \_\_\_\_\_

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**Section G: KCTCS Environmental Health and Safety Review**

Date accident report received by EHS Coordinator: \_\_\_\_\_

<b>FOR SAFETY SECTION USE ONLY</b>		
Degree of Injury	Minor	Severe

Important: Send copy to KCTCS Environmental Health and Safety Coordinator via email at [ehscoordinator@kctcs.edu](mailto:ehscoordinator@kctcs.edu).