



For Fire Commission Use ONLY

Accident Report

Form FM84 03/08/2019

Important: Email copy to: Ericka Cole - ericka.cole@kctcs.edu (859) 256-3326

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, Arm, Back, Chest, Ear, Elbow, Eye, Face, Finger, Foot, Hand, Head, Knee, Leg, 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:

If employee was injured, were they hospitalized for treatment? Yes [ ] No [ ] If yes, was OSHA notified? Yes [ ] No [ ]

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

Employee's/Student's/Visitor's Signature: \_\_\_\_\_ Date \_\_\_\_\_

Was family notified? Yes  No  Explain: \_\_\_\_\_

For Student Use Only - Was student provided with AG supplemental insurance form? 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