



Injury Accident Report

(Please Write Legibly)

Name _____ Student Employee Visitor
 Dept. /Class _____ Employee ID _____
 Facility/Campus _____
 Location Address _____

Date of Occurrence ____ / ____ / ____
 Time of Occurrence _____
 Days Lost From School or Work _____

Apparent Nature of Injury			Description of Injury			Part of Body Injured		
<input type="checkbox"/> Abrasion <input type="checkbox"/> Amputation <input type="checkbox"/> Asphyxiation <input type="checkbox"/> Bite <input type="checkbox"/> Bruise <input type="checkbox"/> Burn	<input type="checkbox"/> Concussion <input type="checkbox"/> Cut <input type="checkbox"/> Dislocation <input type="checkbox"/> Fracture <input type="checkbox"/> Laceration <input type="checkbox"/> Poisoning	<input type="checkbox"/> Puncture <input type="checkbox"/> Scald <input type="checkbox"/> Scratch <input type="checkbox"/> Shock <input type="checkbox"/> Sprain <input type="checkbox"/> Other	<input type="checkbox"/> Abdomen <input type="checkbox"/> Ankle L <input type="checkbox"/> R <input type="checkbox"/> <input type="checkbox"/> Arm L <input type="checkbox"/> R <input type="checkbox"/> <input type="checkbox"/> Back <input type="checkbox"/> Chest <input type="checkbox"/> Ear L <input type="checkbox"/> R <input type="checkbox"/>	<input type="checkbox"/> Elbow L <input type="checkbox"/> R <input type="checkbox"/> <input type="checkbox"/> Eye L <input type="checkbox"/> R <input type="checkbox"/> <input type="checkbox"/> Face <input type="checkbox"/> Finger <input type="checkbox"/> Foot L <input type="checkbox"/> R <input type="checkbox"/> <input type="checkbox"/> Hand L <input type="checkbox"/> R <input type="checkbox"/>	<input type="checkbox"/> Head <input type="checkbox"/> Knee L <input type="checkbox"/> R <input type="checkbox"/> <input type="checkbox"/> Leg L <input type="checkbox"/> R <input type="checkbox"/> <input type="checkbox"/> Mouth <input type="checkbox"/> Other <input type="checkbox"/> Wrist L <input type="checkbox"/> R <input type="checkbox"/>			

Explain Other: _____ Explain Other: _____
 Describe the nature of the injury (cut, third finger, left hand, etc.): _____

Describe medical attention received, by whom, and address: _____

Description of Accident

(complete this section if injury resulted during instructional or work activities)

Did accident occur while in an instructional or work activity? Yes No
 If no, continue to next page.

Specify any machine, equipment, or tools involved _____

Were proper machine guards used? Yes No Was individual using Safety Equipment? Yes No

Was individual given safety orientation? Yes No Describe Safety Equipment: _____

Was individual doing assigned work? Yes No If Safety Equipment was not in use, explain: _____

Was this due to faulty equipment? Yes No

Was supervisor present at accident? Yes No Action taken to prevent recurrence: _____
 If no, explain: _____

Did person have permission to use equipment? Yes No
 If no, explain: _____

FOR SAFETY SECTION USE ONLY
 Degree of Injury Minor Severe

Description of Accident
(continued)

Student's/Employee's description of accident (specify in detail)

Student's/Employee's Signature _____ Date ____ / ____ / ____

Was family notified by facility? _____

Witness' description of accident (specify in detail)

Witness' Signature _____ Date ____ / ____ / ____

Supervisor's description of accident (specify in detail)

Supervisor's Signature _____ Date ____ / ____ / ____

If report completed by other than Supervisor/Instructor

Signature _____ Date ____ / ____ / ____

Administrator's Comments:

Administrator's Signature _____ Date ____ / ____ / ____

List all non-student/non-supervisor witnesses and addresses.

Date accident report received by Safety Coordinator: ____ / ____ / ____

Important: Send original to Kentucky Community and Technical College System.
Attention: Facilities Management-Division of Environmental Health and Safety, 300 North Main Street, Versailles, KY 40503
POC: Christy Giles (859) 256-3192, FAX (859) 256-3118 or ehs.coordinator@kctcs.edu