



ACCIDENT REPORT FORM

(Please Write Legibly)

Name _____ Student Employee Visitor

Dept./Class _____ SSN _____

Facility _____

Address _____

Date of Occurrence ___/___/___

Time of Occurrence ___:___ AM PM

Days Lost from School or Work _____

DESCRIPTION OF INJURY

Apparent Nature of Injury

- Abrasion Concussion Puncture
- Amputation Cut Scald
- Asphyxiation Dislocation Scratch
- Bite Fracture Shock
- Bruise Laceration Sprain
- Burn Poisoning Other

Part of Body Injured

- Abdomen Elbow L__R__ Head
- Ankle L__R__ Eye L__R__ Knee L__R__
- Arm L__R__ Face Leg L__R__
- Back Finger Mouth
- Chest Foot L__R__ Other
- Ear L__R__ Hand L__R__

Explain Other: _____

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

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

DESCRIPTION OF ACCIDENT

Did accident occur while in an instructional or work activity? __Yes, __No, If no, explain _____

Specify any machine, equipment, or tools involved _____

Were proper machine guards being used? __Yes, __No Was student/employee using Safety Equipment? __Yes, __No

Was student/employee given safety orientation? __Yes, __No Describe Safety Equipment _____

Was student/employee doing assigned work? __Yes, __No If Safety Equipment was not in use, explain: _____

Was this accident due to faulty equipment? __Yes, __No Action taken to prevent recurrence _____

Was supervisor present at accident? __Yes, __No If no, explain: _____

Did student/employee 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 ____/____/____

Administrator's Comments _____

Administrator's Signature _____ Date ____/____/____

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

- | | | |
|----------|----------|----------|
| 1. _____ | 2. _____ | 3. _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

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

Safety Coordinator: Sign and date original report and forward to Safety Section at:

KCTCS
Safety Section
300 North Main Street
Versailles, KY 40383