

ACCIDENT REPORT FORM

(Please Write Legibly)

Name		Student Employee Visitor		or 🗆	Date of Occurrence//	
Dept./Class	ssSSN				Time of Occurrence:	
Facility				_	AM PM Days Lost from School or Work	
Address				·		
		DE	SCRIPTION O	F INJ	URY	
Appar □ Abrasion	rent Nature of I Concussion	njury □ Puncture		□ Aha	Part of Body Injured domen □ Elbow L_R_□ Head	
☐ Amputation					kle L_R_ Eye L_R_ Knee L_R_	
☐ Asphyxiation		☐ Scratch			m L_R \Box Face \Box Leg L_R	
□ Bite	☐ Fracture	□ Shock			ck	
☐ Bruise	☐ Laceration	☐ Sprain		□ Che	est \square Foot L_R_ \square Other	
□ Burn	\square Poisoning	☐ Other	\Box Ear L_R_ \Box Hand L_R_			
Explain Other:_	n Other:			Explain Other:		
Did accident occ	cur while in an ins		activity?Yes, _		DENT If no, explain	
Specify any mac	chine, equipment,	or tools involved_				
Were proper ma	chine guards bein	g used?Yes,l	No Was stu	dent/ei	mployee using Safety Equipment?Yes,No	
Was student/employee given safety orientation?Yes,No						
Was student/employee doing assigned work?Yes,No If Safety Equipment was not in use, explain:						
Was this accider	nt due to faulty eq	uipment?Yes, _	_No Action t	taken to	o prevent recurrence	
Was supervisor	present at acciden	t?Yes,No	If no, explain:			
Did student/emp	oloyee have permi	ssion to use equipn	nent?Yes,N	o If no	o, explain	
					FOR SAFETY SECTION USE ONLY Degree of injuryMinorSevere	

DESCRIPTION OF ACCIDENT (continued)

Student's/ Employee's description of accident (specify in detail)	
Student's/Employee's Signature	
Witness' description of accident (specify in detail)	
Witness' Signature	Date/
Supervisor's description of accident (specify in detail)	
Supervisor's Signature	
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 Safe KCTCS Safety Section 300 North Main Street Versailles, KY 40383	ty Section at: