

## INSTRUCTIONS FOR COMPLETING KCTCS' FM84—INJURY ACCIDENT FORM

<b>Date of Occurrence:</b>	Record the date that the incident occurred.
<b>Time of Occurrence:</b>	Record the time that the incident occurred.

### SECTION A – PERSONAL INFORMATION:

<b>Name:</b>	Enter injured person's name and designate student, employee, or visitor by checking the boxes to the right.
<b>Employee/Student ID:</b>	Record student or employee ID number in the space provided.
<b>Facility/Campus:</b>	Record the name of the college and the specific campus where t the incident occurred.
<b>Accident Location:</b>	Record the area on campus where the incident occurred (i.e., outside of building on sidewalk or parking lot).

### SECTION B—DESCRIPTION OF INJURY:

<b>Apparent Nature of Injury:</b>	Check ALL boxes that directly describe the injury sustained. If the apparent nature of injury is not listed use the space provided below the section to explain.
<b>Part of Body Injured:</b>	Read each line carefully and check ALL boxes that apply to the area of the body to which the injury occurred. If appropriate, be sure to check the box that designates which side of the body the injury occurred (i.e., L—left or R—right). If the apparent nature of injury is not listed use the space provided below the section to explain.
<b>Describe the nature of the injury (cut, third finger, left hand, etc.):</b>	In this section, explain the injury in your own words. Be as thorough as possible.
<b>Describe medical attention provided or received and by whom.</b>	Record all medical treatment provided or received for the injury sustained.

### SECTION C—DESCRIPTION OF ACCIDENT:

<b>Did accident occur while in an instructional or work activity? If no, continue to next page.</b>	Determine if the injury sustained occurred during an instructional or work activity and respond Yes or No. If accident or injury did NOT occur during an instructional or work activity, <i>please proceed to section D.</i>
<b>Please specify any machine, equipment, or tools involved:</b>	If the injury sustained did occur during an instructional or work activity, specify any machine, equipment, or tools that were involved.
<b>Were proper machine guards used?</b>	If machinery was being used, specify if proper machine guards were being used.
<b>Was individual using Safety equipment?</b>	Check the appropriate box to record if safety equipment was being used by the individual.
<b>Describe Safety Equipment:</b>	If Safety Equipment was being used, describe that equipment here (i.e., hard hat, safety goggles, hearing protection, gloves).
<b>If Safety Equipment was not in use, explain:</b>	If the answer to the above question on use of Safety Equipment was No, use the space provided to explain

	why prescribed equipment was not in use at time of injury.
<b>Was individual given safety orientation?</b>	If machines, equipment or tools were being used, was the injured given a safety orientation before using? Record response here.
<b>Was this accident/injury due to faulty equipment?</b>	Check the appropriate box to record if accident/injury was due to faulty equipment.
<b>Did person have permission to use equipment?</b>	Check the appropriate box to record if the person who was injured had permission to use the equipment that caused the injury. If permission was not given by an instructor or supervisor to use the equipment and it was still used, please explain why in space provided.
<b>Was supervisor/instructor present at accident? If no, explain.</b>	Was the supervisor/instructor present when the incident occurred? Respond with a Yes or No and an explanation if they were not present.
<b>Describe any action taken to prevent recurrence:</b>	Use the space provided to document all actions put in place to prevent a similar incident/injury (i.e., policies or procedures).

#### Section D: Statements/Signatures:

<b>Employee's/Student's description of accident (explain in detail):</b>	This section should be completed by the person who was injured. Be as thorough as possible. Describe all events that led to the injury.
<b>Employee's/Student's signature and date:</b>	Sign and enter date that the report is being completed.
<b>Was family notified?</b>	Record if a family member of the injured person was notified either by the injured person or another employee of the facility upon the request of the injured.
<b>Was student provided with supplemental insurance form and instructions?</b>	Students should be offered supplemental insurance forms and instructions by an Administrator. Completion of this form by the student is optional. Completed forms should be submitted to the appropriate college official for processing. Check boxes accordingly.
<b>Witness' description of accident (explain in detail):</b>	This section should be completed by any person who witnessed the injury.
<b>Witness' signature and date:</b>	Sign and enter date that the report is being completed.
<b>List all non-student/non-supervisor witnesses and contact information:</b>	Record names of all witnesses to the incident/injury and their current contact information. Obtain additional witness descriptions of the incident/injury via email and include with this report.
<b>Supervisor's/Instructor's description of accident (explain in detail):</b>	<b>FOR KCTCS EMPLOYEES ONLY</b> —Supervisors or Instructors ONLY should complete this section. Include when and how notification of the incident was received as well as the description of the injury as described by the injured party.
<b>Supervisor's/Instructor's signature and date:</b>	Sign and enter date that the report is being completed.

**Section E: Additional Signatures:**

<b>If report is completed by an individual other than the Supervisor/Instructor please provide name and signature below:</b>	If anyone other than the injured person or administrator is completing this report, sign here and include the date the report was completed.
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**Section F: Administrator Comments**

<b>Administrator's Comments:</b>	<b>FOR BUSINESS OFFICE USE ONLY.</b> Designated Administrator (Chief Business Affairs Officer, Director of Human Resources, or Director of Safety & Security) should record comments in this section. Record date and time of notification and other pertinent information.
<b>Administrator's Signature:</b>	Sign and enter date that the report is being completed.

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

<i>Date accident report received by Safety Coordinator should <u>only</u> be completed by the EHS Coordinator/Administrator at System Office.</i>
Once report is fully complete, email report and all additional documentation to the EHS Coordinator at System Office at the email address provided at the very bottom of the FM84.