



EDISON STATE COMMUNITY COLLEGE  
DEPARTMENT OF HUMAN RESOURCES  
ACCIDENT FORM

INSTRUCTIONS:

The Accident Form will be completed and filed in the Human Resource Office as soon as possible after the accident occurs. Information can be obtained from the person involved and/or a witness.

ACCIDENT:

Date and time of Accident: \_\_\_\_\_

Name of Injured person(s): \_\_\_\_\_

Home Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Exact location of the accident: \_\_\_\_\_

Shop: \_\_\_\_\_

Laboratory: \_\_\_\_\_

Class: \_\_\_\_\_

Other: \_\_\_\_\_

Description of the accident by person(s) involved: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Part of body injured: \_\_\_\_\_

Property Involved: \_\_\_\_\_

Damage to Equipment: \_\_\_\_\_

Did inadequate guarding contribute to Accident? No \_\_\_\_\_

Yes \_\_\_\_\_

If yes, how? \_\_\_\_\_

What defective tool or equipment, if any, was at fault? \_\_\_\_\_

Was student using personal protective equipment required for the job? \_\_\_\_\_

Was the instructor in room at the time the accident occurred? \_\_\_\_\_

Witness:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone No.: \_\_\_\_\_

Medical Attention:

First Aid Given: YES \_\_\_\_\_

NO \_\_\_\_\_

Given By: \_\_\_\_\_

Time Rescue Squad Called: \_\_\_\_\_

Arrival Time: \_\_\_\_\_

DATE OF REPORT: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_