

EDISON 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: _____