

INCIDENT REPORT

Date Reported: _____ Time Reported _____
Date of Accident: _____ Time of Accident _____
Location/Class Accident Occurred: _____
Incident Injury Near Miss

Student Name: _____ SS#: _____
Address: _____ Date of Birth: _____
_____ Sex: Male Female
Organization: _____ Chief: _____

None Required (report only)	CARE PROVIDED	
Transported to Medical Facility	Refused	First Aid (on scene)
	Facility Name _____	

Nature of Injury/Illness/Report: _____

Cause: Fall Struck by Object Lifting Sharp Object Burns Action
 Other (Explain): _____

Unsafe Act: Yes No (explain) _____

Unsafe Condition: Yes No (explain) _____

Severity: Disabling Unknown (Follow up Required) Non-Disabling Fatality

Brief Description of Accident: _____

Recommendation for Prevention of Recurrence: _____

Student Signature: _____ Date: _____
Instructor Signature: _____ Date: _____
Instructor Name PRINTED _____

USE BACK OF FORM FOR ADDITIONAL DETAILS