

FEATHER RIVER COMMUNITY COLLEGE DISTRICT ACCIDENT-INJURY REPORT

Instructions: This report is to be used for reporting accidents or injury.

- A. Promptly complete this report.
- B. State all the facts, DO NOT express opinions.
- C. Promptly notify the Human Resources.
Deliver completed accident/injury packet immediately to Human Resources Office.

INJURED PERSON'S INFORMATION:

Last Name	First Name	M/I
Street Address		Apt. #
City	State	Zip
		Phone #
____/____/____	____	____
Birthdate (M/D/Y)	Age	Sex
		____/____/____
		Soc. Sec. Number

(If under 18) PARENT OR OTHER PERSON TO CONTACT:

Name	Phone #
<input type="checkbox"/> Employee <input type="checkbox"/> Student worker _____ Dept. <input type="checkbox"/> Child Development Center <input type="checkbox"/> Volunteer <input type="checkbox"/> Non-student* <input type="checkbox"/> Student <input type="checkbox"/> Student athlete	
*If non-student, state why on premises: _____	

ACCIDENT INFORMATION:

____/____/____ Month Day Year	TIME ____ AM / PM
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Exact location of accident/injury (e.g. address and specific department):

Describe Injury (s) to Person (include specific injury and affected body part): None

Describe the cause of the accident/injury, including any equipment or machinery used (*do not express opinions*):

Describe medical attention administered on site: [] None

Witnesses to accident/injury:

Name	Address	Phone #
Name	Address	Phone #

Report completed by:

Name	Signature	Title
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IMMEDIATE SUPERVISOR/COACH ACCIDENT REPORT:
To Be Completed by supervisor/coach

Did Injured Leave Work? Date _____ Time Reported _____ a.m./p.m.

Did Injured Return to Work? Date _____ Time Reported _____ a.m./p.m.

Describe how accident occurred:

PLEASE INDICATE ALL OF THE FOLLOWING WHICH CONTRIBUTED TO THE INJURY OR ILLNESS

___ Improper instruction	___ Failure to lockout	___ Unsafe arrangement or process
___ Lack of training or skill	___ Unsafe position	___ Poor ventilation
___ Operating without authority	___ Improper dress	___ Improper guarding
___ Horseplay	___ Improper maintenance	___ Failure to secure
___ Physical or mental impairment	___ Unsafe equipment	___ Inoperative safety device
___ Improper protective equipment	___ Poor housekeeping	___ Other _____

Supervisor's corrective action to ensure this type of accident does not recur:

SUPERVISOR/COACH ACCIDENT REPORT CONTINUED:

Was person trained in the appropriate use of Personal Protective Equipment/Proper safety procedures?

Yes ___ No ___

Was person cautioned for failure to use Personal Protective Equipment/Proper safety procedures?

Yes ___ No ___

Did person promptly report the injury/illness?

Yes ___ No ___

STATUS OF INJURED:

Refused aid or assistance First aid only Doctor

Resumed normal activity Voluntarily left facility

Hospital / Name _____

Ambulance / Name of ambulance company _____

Supervisor/Coach Signature

Date

IMMEDIATELY FORWARD TO THE HUMAN RESOURCE OFFICE