Klamath Community College

Injury/Accident Report

***Form to be completed within 48 hours of the incident**

Today's Date		Time: am/ pm			
List person involved in incident (use multiple forms if necessary)					
Name:					Gender
☐ Faculty ☐ Staff ☐ Student ☐ Visitor			Student/Employee ID:		
Phone: ( )		Email:		Work Phone:	
Incident Information					
Incident Date		Incident Time: Am / Pm			
Location of Incident			Building:		Room:
Incident Type	**Cause**		**Result of Event**		
☐ Medical	☐ Machinery	☐ Motor vehicle	☐ Abrasion	☐ Laceration	☐ Amputation
☐ Trauma	☐ Electrical	☐ Fall	☐ Sprain	☐ Fracture	☐ Burn
☐ Safety	☐ Chemical	☐ Slip/Trip	☐ Vision loss	☐ Heat exhaust	☐ Heat stroke
☐ Fire	☐ Tool	☐ Vehicle	☐ Cold Expose	☐ Elec. Shock	
☐ Near Miss	☐ Other:		☐ Other:		
☐Other: Concerns:	Prevention ideas:				
Involved Body Part					
☐ Head ☐ Face ☐ Neck ☐ Chest ☐ Abdomen ☐ Back					
☐ Right ☐ Left ☐ Arm ☐ Wrist ☐ Hand ☐ Fingers ☐ Leg ☐ Knee ☐ Ankle ☐ Foot					
Medical Actions					
☐ First Aid (only)	Transported to: ☐ Clinic ☐ Hospital		By: ☐ EMS ☐ Car	Admitted: ☐ Yes ☐ No	
If 911 called, who responded?					
Explain the incident					
What happened: Witnesses: Immediate action taken to prevent further occurrances:					
Submitter Information					
Name:			Phone	Email	
(Circle one) Student, Faculty, Staff, Visitor					

Submit form to the Facilities Director, Campus Safety and Human Resources.