

Clatsop Community College
Incident / Accident / Injury Reporting Form
****Return this form to the VP, Finance & Operations****

Name: _____ Today's date: _____

Phone/Address: _____

Please check all that apply:

- I am reporting an incident. (An example of an incident is a chemical spill or theft of property.)
- I am reporting an accident. (An example: Someone slips on the stairs.)
- I am reporting an injury.

Please describe what happened. Attach additional sheets if necessary:

When did it happen? (Time and Date) _____

Where did it happen? _____

Names of witnesses? _____

If an injury occurred, describe the body part/s injured:

Who was injured? _____

To your knowledge, is this a new injury? _____

To your knowledge, did any unsafe conditions contribute to the injury? _____

At the time of the injury, the injured person was
_____ a student (If participating in a classroom activity, what class?)
_____ a visitor/guest on campus.
_____ an employee of the College. Who is the supervisor?

If damage or theft occurred, describe the item (year, make, model, identifying number such as a license, CCC inventory tags, serial number):

Signature: _____

For office use:
Safety Committee notification _____
Director of Facilities notification _____
Business Office notification _____
HR Office Notification _____
Student Svc Notification _____

Safety committee review _____
Date if 801 given to injured person _____