

Southern Regional Technical College ACCIDENT/INCIDENT REPORT

Name: _____ Date: _____

Address: _____

Department: _____ Age: _____

Time Accident/Incident Occurred: _____

Location and Campus of Accident/Incident: _____

Nature of Injury/Incident: _____

Description of Accident/Incident: _____

Degree of Injury: _____ Permanent

_____ Temporary

_____ Non-Disabling

Location of Instructor When Accident/Incident Occurred: _____

First Aid Treatment given? _____ Yes _____ No

If yes, who administered First Aid? _____

Sent/Taken to Physician? _____ Yes _____ No

If taken, by whom? _____

Physician's Name: _____

Sent/Taken to hospital? _____ Yes _____ No

If taken, by whom? _____

Were next-of-kin notified? _____

Witnesses to Accident/Incident: _____

Suggestions for prevention of similar Accidents/Incidents: _____

Signature of Person Reporting Accident/Incident: _____

Printed Name of Person Reporting Accident/Incident: _____

Administrator Signature: _____

Printed Name of Administrator: _____

Copy to VPAS, VPO, VPSA