Incident / Accident Report

TILLAMOOK BAY COMMUNITY COLLEGE

Employee's or Student's Report of Incident		
Name, Address, Phone Number		Date of Report
Dept. or Class	Location	Supervisor or Instructor

Description of Incident, Accident or Near Miss	
Date of Incident Time ☐ AM ☐ PM	Exact Location of Incident
Date Reported to Supervisor or Instructor	Witness Information (name, phone number, address)

Describe the incident (use additional pages if necessary). Answer each question carefully: 1. What were you doing? **2.** What object(s), machine(s), or material(s) were involved? **3.** How did the incident happen? **4.** What were the influencing conditions? (e.g. weather, obstacles, equipment failure, etc.) **5.** Why did it happen? **6.** How could this incident/accident be avoided or prevented?

☐ If the incident involved a threat, describe **1.** the threat, **2.** suspected cause, **3.** person who made the threat, and **4.** action(s) taken.

Body Part Injured			Nature of Injury			Action(s) Required
☐ Head	☐ Chest	☐ Leg	☐ Abrasion	☐ Sprain/Strain	☐ Other Dermatitis	☐ No injury, near miss only
☐ Face	☐ Arm	☐ Knee	☐ Laceration	☐ Foreign Body	☐ Head Injury	☐ Rest-break only
☐ Eye	☐ Hand	☐ Ankle	☐ Punctures	☐ Burn	☐ Cold Injury	☐ First aid administered
☐ Neck	☐ Finger	☐ Foot	☐ Bruise	☐ Rash	☐ Occupational Illness	☐ Doctor follow-up required
☐ Back		☐ Toe	☐ Fracture		☐ Loss of Consciousness	☐ Hospitalized
☐ Other (specify)			☐ Other (specify)			☐ Emergency Room Visit
						☐ Other (specify)

☞ **Complete Worker's Compensation Claim (Form 801) if injury required medical treatment. Turn in to Director of Facilities, Human Resources and Safety upon completion.**

Supervisor's / Instructor's Report of Incident

- **Describe the incident based on your interviews with the employee / student, witnesses, and personal knowledge of the conditions**

- **Describe the events which led up to this incident**

- **Why did the incident happen?**

- **How could this incident/accident be avoided/prevented in the future?**

Show Corrective Action Planned (Attach Additional Pages as Needed)

Corrective Action	Planned Implementation Date

Superviser's / Instructor's Signature **Date**

Safety Committee Review

To be reviewed at the Safety Committee meeting scheduled for:_____

Recommendation(s) made to Department ☐ **Yes** ☐ **No**

Safety Committee Recommendations/Comments: