COLUMBIA GORGE COMMUNITY COLLEGE

Incident/Accident Report

Employee's or Student's Report of Incident		
Name, Address, Phone Number		Date of Form
Staff, Faculty or Student	Location	Supervisor or Instructor & their ext. #

Description of Incident, Accident or Near Miss	
Date of Incident_____ Hour_____ ☐A.M. ☐P.M.	Exact Location of Incident
Date First Reported to Supervisor or Instructor	Witness Information (name, phone number, address)

Describe the incident (use additional pages if necessary). <u>Answer each question carefully</u>: 1. What were you doing? **2.** What object, machines or material 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 taken.

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

Complete Workers' Compensation Claim (Form 801) if injury involved doctor's treatment. Turn in to Business Office upon completion.

Supervisor's Report of Incident

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

-Describe events which led up to this incident
-Why did the incident happen?
-How could this incident/accident be avoided/prevented?

Show Corrective Action Planned (Attach Additional Pages as Needed)

Corrective Action	Planned Implementation Date

Supervisor's Signature Date ext.#

Safety Committee Review

To be reviewed at Safety Committee meeting scheduled for_____

Recommendation(s) made to Department ☐yes ☐no