

ACCIDENT REPORT FORM

ACC ACCIDENT REPORT FORM

Name of Injured:

Student Number:

Role at ACC (student, employee, etc.):

* Complete this region for injuries and illnesses

1. Date:

2. Time:

3. Location (Building and Room):

4. Staff Member Present:

5. Incident/Occurrence Description (attach incident account of the injured person if they are able to write/give account):

6. Causal Factors: (List the Root Cause, elimination of which would have prevented the incident, as well as any Contributing Causes.)

7. Lessons Learned:

8. Corrective Actions to Prevent Recurrence: (Indicate whether actions have been taken or are planned, as well as the party responsible for each action.)

Completed by:

Date:

9. Comments by Dean of Students:

Dean of Students: _____ Date:

10. Comments / Health and Safety Review:

cc: Dean of Students, Division Director/Supervisor, Above-named Faculty Member, Student

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This document is adapted from the Dyersburg State Community College Emergency Action Plan