|  |  |
| --- | --- |
| CCS-logoweb | ACCIDENT REPORTIncluding accidental injuries and work-related injuries, illnesses, incidents and near misses (PLEASE PRINT LEGIBLY) |
|  |
|  |
| *This report is to be routed as soon as possible or within* ***24 hours*** *of incident**For security-related incident reporting, use “Security incident report” form (ccs 1286)* |
|  | Last name of affected person |       | First |       | Age |       | Gender | [ ]  M [ ]  F |
|  | Status | [ ]  Student (including Head Start children) [ ]  Student work-study [ ]  CCS employee [ ]  Visitor |
|  | Unit | [ ]  District [ ]  SCC [ ]  SFCC [ ]  Other |       |
|  | Home address |       | City |       | St |    | Zip |       | Ph |       |
|  | Time incident occurred | Hour |       | [ ]  AM [ ]  PM | Date |       |
|  | Exact location of accident |       |
|  |  | (for example: SCC, Main Building, Room 232 or SFCC, parking lot P-9) |
|  | Describe factually what occurred prior to and during the incident, the nature of the injury and exact injury location(for example: While trying to staple photocopies, I stapled my index finger on my left hand and punctured it twice.): |
|  |       |
|  |       |
|  |       |
|  | Was incident caused by an unsafe condition or act (wet floor, defective equipment, uneven walking surface)? Please explain: |
|  |       |
|  |       |
|  |       |
|  | Signature |       | [ ]  Injured party [ ]  Witness |
|  | Remarks on treatment (if medical attention was required, please give name of ambulance service, hospital and/or physician): |
|  | [ ]  Medical treatment offered at this time. If not, please explain below. [ ]  Medical treatment was offered and declined at this time. |
|  |       |
|  |       |
|  |       |
|  | **Witnesses to the incident** |
|  | Name |       | Phone |       |
|  | Name |       | Phone |       |
|  | Person making this report |       | Phone |       |
|  | Supervisor’s name and signature |       | Date |       |
| Mail stop |       |
| **Attention Supervisor:** Please email the completed form to accidentreport@ccs.spokane.edu and send the original to Environmental Health and Safety Office at MS 2156. Make copies as needed. |