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| CCS-logoweb | | | | | | ACCIDENT REPORT  Including accidental injuries and work-related injuries, illnesses, incidents  and near misses (PLEASE PRINT LEGIBLY) | | | | | | | | | | | | | | | | | | | | | | | |
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| *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.): | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | Was incident caused by an unsafe condition or act (wet floor, defective equipment, uneven walking surface)? Please explain: | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | 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. | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | **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](mailto:accidentreport@ccs.spokane.edu) and send the original to Environmental Health and Safety Office at MS 2156. Make copies as needed. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |