

**STUDENT/VISITOR
ACCIDENT/INCIDENT REPORT FORM**
(Use this form for student or visitor incidents ONLY.)

At NO time should care of the injured or notification of EHS or Public Safety be delayed to assure completion of this form.

INSTRUCTIONS: All College-related non-vehicular accidents/incidents require the completion of this form. If possible, Sections I and II should be completed by the injured person. Section III shall be completed by the person supervising/sponsoring the activity. Once Sections I, II, III are complete, the completed form must be delivered or faxed to EHS in Room 108, Randolph Hall, FAX: 953-5840. Please return this form within 24 hours of the incident or notification of an incident.

Section I	Please Type or Print All Information
Name: _____ Cougar ID # _____ (Or last four digits of SS #)	
Campus (student) or Home Address: _____ <div style="display: flex; justify-content: space-between; font-size: small;"> Number/Street City State Zip </div>	
Telephone # () _____ Age _____ Date of Birth _____	
Student () Major _____ Visitor () _____ (Reason for being on campus)	
Section II	Accident Data
Nature of the Incident: <div style="display: flex; justify-content: space-between; font-size: small;"> Accident/Injury () Equipment () Chemical () </div> <div style="display: flex; justify-content: space-between; font-size: small;"> Property Damage () Fall/Trip/Slip () Other () </div>	
Date of Accident/Incident: _____ Time of Accident _____	
Location of Accident: _____ (Campus, Building, Room, Lab, Shop, Number)	
What Happened: (Explain what happened; what activities were occurring, what tools or equipment, chemicals, or facility features were involved; what happened to cause injury; what body part was affected and how it was affected (injury, burn, etc.)) _____ _____ _____ _____	
What action was taken: (check all that apply indicating first, second, etc.)	
First Aid () Provided by _____ Sent to Medical Care () Ambulance () Cab () Other () _____ Resumed Activity () Sent Home () Other _____	
College of Charleston Contact/Instructor: _____	
Witness _____ Telephone # _____	
Person Completing this Form _____ Date _____	

Section III Instructor/Supervisor Report on Accident/Incident

Explain the accident or incident as described to you or witnessed by you (if different than Section II above). Provide any supplemental information that may clarify information provided by the injured person. Identify any actions routinely taken, prior to accidents occurring, which are provided to this class or students, what training or actions were in place to prevent an occurrence such as this from happening? (Such as any training, safeguards, etc.) Provide details here and/or copies of any training courses, warnings, or instructions documentation that demonstrates the injured had received hazard identification information.

Identify the specific activity the injured was attempting to perform when injured:

What happened to cause the injury? _____

What body part was affected and how?(lacerations, amputation, burn, etc.)

What actions have been taken to prevent this incident from recurring ?

Person Completing this Section III _____ Date _____

FOR EHS USE ONLY DO NOT WRITE BELOW THIS LINE

Investigation Date: _____ By: _____

Photographs Taken: _____ Drawings/Graphs: _____

Process/Policy/MSDS: _____

Witness Statements _____

Incident # _____ Student File () Visitor File () Other () _____

EHS Signature _____ Date _____

