

# OHIO BUSINESS COLLEGE/TRI-STATE EDUCATIONAL SYSTEMS, INC.

## INCIDENT/ACCIDENT REPORT

(Please Print or Type)

### PART I (To be completed by supervisor) Employer Information:

Prepared by \_\_\_\_\_ Job Title \_\_\_\_\_

Company Name \_\_\_\_\_

Street Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Phone Number (Including Area Code) \_\_\_\_\_

### PART II (To be completed by student/employee/visitor) Personal Information:

\_\_\_\_ Student          \_\_\_\_ Employee          \_\_\_\_ Visitor

Name \_\_\_\_\_ Job Title \_\_\_\_\_

Home Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Phone Number (Including Area Code) \_\_\_\_\_

Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Social Security No. \_\_\_\_\_

### PART III (To be completed by student/employee/visitor) Description of Incident/Accident:

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Did incident occur on company premises? Yes / No.    Address of location: \_\_\_\_\_

Where on premises did incident occur? \_\_\_\_\_

Date of incident: \_\_\_\_/\_\_\_\_/\_\_\_\_    Date reported: \_\_\_\_/\_\_\_\_/\_\_\_\_    Time of Incident: \_\_\_\_\_AM/PM

What were you doing when the incident occurred? (Be specific. If using tools or equipment, name them and tell what you were doing with them.) \_\_\_\_\_

Explain how the incident occurred. List events that resulted in injury or illness, what happened, how it happened and name objects and how they were involved (use a separate sheet if necessary) \_\_\_\_\_

If injury or illness occurred describe the nature of injury/illness and body part affected\_\_\_\_\_

Describe the specific cause of the injury or illness\_\_\_\_\_

Names of Witnesses:\_\_\_\_\_

**PART IV (To be completed by supervisor) Physician/Health Care Professional Information:**

Name of Physician or Hospital\_\_\_\_\_

Street Address\_\_\_\_\_

City, State, Zip Code\_\_\_\_\_

Signature of Injured Person\_\_\_\_\_

Signature of Person Preparing Report\_\_\_\_\_