

CALUMET COLLEGE OF ST. JOSEPH INCIDENT/ACCIDENT REPORT

Injury_____ Theft_____ Vandalism_____ Accident_____ Other_____ Describe _____

1. Name of person involved_____

2. Employee___ Student___ Visitor___ Department, if employee_____ Date of Birth_____

3. Address_____

Phone (Day) _____ (Evening) _____

4. Reported by: _____ Date _____ Time _____

5. Name of witness(es): _____ Phone(s)_____

FOR ACCIDENT OR INJURY

6. Did person go for medical treatment? _____ Yes _____ No (check one)
(If yes, complete 7)

7. Where treated (Doctor/Hospital): _____

8. Part of body injured: _____

9. Where did incident/accident occur? _____

Describe what happened/how incident/accident occurred: _____

10. What action has been taken? _____

Report taken by: _____ Date reported _____

INSTRUCTIONS

Complete form in triplicate. Forward copies to the Manager of Facilities and the Vice President of Business and Finance.
Retain a copy for your file.