Blue Ridge CTC
ACCIDENT / INCIDENT REPORT FORM

THIS REPORT INVOLVES A: ☐ STUDENT ☐ EMPLOYEE ☐ VISITOR

☐ ON CAMPUS ☐ OFF CAMPUS

Complete this form for any accident resulting in personal injury, or incident that may have resulted in injury, that occurs on Blue Ridge CTC property or any college sponsored event on or off campus. The college staff person in charge of the department or event is responsible to assure that this form is completed and distributed as indicated.

ACCIDENT/INCIDENT INFORMATION

INJURED'S NAME (please print) _____

First *Middle* *Last*

ADDRESS: _____

PHONE: _____/_____-_____

DATE OF ACCIDENT/INCIDENT: _____/_____/_____ TIME OF DAY:_____ AM/PM

DESCRIBE THE ACCIDENT/INJURY/INCIDENT: (by the injured)

_____

_____

_____

_____

_____

_____

WHERE DID THE ACCIDENT/INCIDENT OCCUR?

Building _____Floor _____ Room_____ Grounds Area _____

Event _____

DESCRIBE MEDICAL TREATMENT SOUGHT: (for accident only)

_____

_____

_____

WITNESSED and AGREED TO BY:

Print Name _____ Signature _____

Print Name _____ Signature _____

REPORT SUBMITTED BY: _____ DATE _____/_____/_____

DISTRIBUTION OF COPIES (1 copy each)

STUDENTS

☐ Safety Committee ☐ HR Office

☐ Director of Enrollment Management ☐ College Counsel

EMPLOYEES/VISITORS/STD. EMPLOYEES

☐ Safety Committee ☐ HR Office

☐ Supervisor of employee ☐ College Counsel