ACCIDENT/INCIDENT REPORT FORM

THIS REPORT INVOLVES A:  
☐ STUDENT  ☐ EMPLOYEE  ☐ HEADQUARTERS  
☐ ON CAMPUS  ☐ OFF CAMPUS  ☐ TECH CENTER

Complete this form for any incident resulting in personal 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. When form is completed, please return to Human Resources.

INCIDENT INFORMATION

NAME (please print) ________________________________________________________________
First  Middle  Last
ADDRESS: ________________________________________________________________
PHONE: ________/__________ - __________________
DATE OF INCIDENT: _______/_______/_______    TIME OF DAY: __________ AM/PM

DESCRIBE INCIDENT/INJURY:
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

WHERE DID THE INCIDENT OCCUR?
____________________________________________________________________________
____________________________________________________________________________

DESCRIBE MEDICAL TREATMENT SOUGHT:
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

WITNESSED and AGREED TO BY:
Print Name ___________________________ Signature ____________________________
Print Name ___________________________ Signature ____________________________

REPORT COMPLETED/SUBMITTED BY: ___________________________ DATE __________________

Employee/Student Signature