



INCIDENT/ACCIDENT REPORT FORM

INSTRUCTIONS

Fill out this form as completely as possible to report an incident / accident that resulted in injury, illness, property damage, etc. Return completed form to:

Matt Schwartz, K-State Alumni Association business manager, at mschwartz@k-state.com

THIS FORM SERVES TO DOCUMENT *select all that apply*

<input type="checkbox"/>	ACCIDENT	<input type="checkbox"/>	FIRST AID	<input type="checkbox"/>	INCIDENT	<input type="checkbox"/>	PROPERTY DAMAGE	<input type="checkbox"/>	OBSERVATION
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INDIVIDUAL AFFECTED To be filled in by person injured / involved, if possible.

NAME OF PERSON COMPLETING REPORT	SUPERVISOR NAME(if Applicable)	DATE OF REPORT

PERSON(S) INVOLVED (include contact info if possible)	EQUIPMENT / VEHICLES INVOLVED

INCIDENT/ACCIDENT DETAILS

LOCATION	DATE OF INCIDENT	TIME

WITNESSES

INCIDENT/ACCIDENT DESCRIPTION Describe tasks being performed and sequence of events. *Attach additional pages as necessary.*

Was event / injury caused by an unsafe act (activity or movement or an unsafe condition, i.e., machinery or weather)?

TO BE COMPLETED ONLY IF LOST TIME / INJURY OR FIRST AID WAS REQUIRED

TYPE OF INJURY SUSTAINED:			
CAUSE OF LOST TIME / INJURY OR FIRST AID:			
Was medical treatment necessary?	If yes, name of hospital / physician:		
<input type="checkbox"/> YES	<input type="checkbox"/> NO		

Please print and give to supervisor.

EMPLOYEE SIGNATURE	DATE	SUPERVISOR SIGNATURE	DATE