

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_____