



# Cuyahoga Community College Employee Incident Report

Please check one:

**Injury**

**Illness**

**Near-Miss**

- Instructions:**
1. Notify your supervisor of the incident immediately.
  2. Complete this form, sign and have your supervisor sign to confirm their knowledge of the incident.
  3. Fax the completed and signed form to the Leave Administrator at 216-987-4827 and email it to Business Continuity at risk.management@tri-c.edu and tanja.foster@tri-c.edu within one day of the incident.

Section 1 – Basic Information		
Date of Incident:	Time of Incident:	Address where incident occurred:
Name:		S-Number:
Home Address:		
Personal Phone:		Department and Campus:
Witness Name(s):		College Phone:
		Were you doing your regular job when you were injured? Yes No
What action was taken? (check all that apply): Went to hospital      Went to private doctor      Went home Immediately returned to work      Received first aid/self-treatment Refused any action		If you went to a hospital or private doctor, list the name and address of the treatment facility:
Section 2 – Description of Injury/Illness/Near-Miss (Use additional paper if needed, and fax it with this report.)		
In your own words, describe how the incident occurred.		
In your own words, what object or substance directly caused the incident?		
Section 3 – Nature of Incident and Body Part(s) Affected		
What body part(s) were injured (e.g., left leg)?		What was the nature of the injury to the body part (e.g., cut, burn, sprain)?
Section 4 – Nature of Injury/Illness/Near-Miss Prevention Information		
What could be done to reduce the possibility of a similar incident occurring in the future?		
Section 5 – Signatures		
Employee Signature:		Supervisor Signature:
Date:		Date:
Section 6 – Human Resources Use Only		
DOH:	Benefit Category:	Social Security Number: