



# Cuyahoga Community College Incident Report

**Please check one:**

**Injury**   
  **Illness**   
  **Near-Miss**

- Instructions:**
1. Notify your Supervisor by the end of your shift of your on the job injury/illness/near-miss.
  2. Complete this form, sign it and have your Supervisor sign it to confirm their knowledge of the injury/illness/near-miss.
  3. Fax the completed and signed form to the following locations: Leave Administrator 216-987-4827; Email Business Continuity: Risk.Mgmt@tri-c.edu within one (1) day of the on the job injury/illness/ near miss.

Section 1 – Basic Information			
Date of Injury/Illness/Near-Miss:		Address where Injury/Illness/Near-Miss occurred:	
Name		College I.D.	
Home Address		Job Title	
City, State, Zip		Department & Campus	
Home phone #	Cell phone #	College phone #	Do you have e-mail at the College? <input type="checkbox"/> yes <input type="checkbox"/> no
Witness Name(s)		Were you doing your regular job when you were injured? <input type="checkbox"/> yes <input type="checkbox"/> no	
What action was taken (check all that apply): <input type="checkbox"/> went to hospital <input type="checkbox"/> went to private doctor <input type="checkbox"/> went home <input type="checkbox"/> immediately returned to work <input type="checkbox"/> received first aid/self-treatment <input type="checkbox"/> 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 injury/illness/near-miss occurred.			
In your own words, what object or substance directly caused the injury/illness/near-miss?			
Section 3 -- Nature of Injury/Illness/Near-Miss and Body Part(s) Affected			
What body part(s) were injured? For example, "left leg".		What was the nature of the injury to the body part? For example, "cut" or "burn".	
Section 4 – Injury/Illness/Near-Miss Prevention Information			
What could be done to reduce the possibility of a similar injury/illness/near-miss occurring in the future?			
Section 5 – Signatures			
Employee signature and date :		Supervisor Name (Print):	
		Supervisor Signature:	
		College Phone #:	