



CUYAHOGA COMMUNITY COLLEGE STUDENT INCIDENT REPORT

Please Check One:

- Injury Illness Near-Miss

Instructions:

1. Notify your course instructor by the end of the class where the injury/illness/near miss occurred.
2. Complete this form in its entirety, sign it and have your faculty advisor sign it.
3. Scan and email the signed form to leslie.jones@tri-c.edu within one day of the injury/illness/near miss.

SECTION 1 – BASIC INFORMATION

Student's Name:	Faculty Advisor's Name:
Student's College I.D.:	Faculty Advisor's Title:
Date of Injury/Illness/Near-Miss:	Faculty Advisor's Office Address:
Address where Injury/ Illness/Near-Miss occurred:	Department and Campus:
Student's Home Address:	Faculty Advisor's Office Telephone Number:
City, State, Zip:	Faculty Advisor's Email:
Home Phone Number:	
Witness Name(s):	Were you participating in a course or clinical experience? <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"/> Returned to class <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)

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

Student signature and date:	Faculty advisor signature and date:
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