



Ozarka College Incident/Accident Report

Date of Incident _____ Time _____

Location _____

Name of Injured _____

Occupation _____

Employee Student Self-employed Other (circle one)

Address of injured person _____

Name(s) of Witnesses _____

Description of Incident _____

Description of First Aid Response _____

Bodily Fluid Exposure? Yes/No (If Yes, complete Exposure Report Form)

Was injured person admitted to hospital? Yes/No

Was the injured person absent from work as a result of the incident? Yes/No

Signature of injured person (or person making report) _____

PRINT NAME _____ Date _____

Signature of Supervisor _____

PRINT NAME _____ Date _____

RETURN THIS FORM TO SAFETY OFFICER