



# STUDENT ACCIDENT REPORT

<b>Name of Student:</b>							
<b>Student's Address:</b>							
<b>Student ID # or Social Security #:</b>							
<b>Name of person completing report:</b>							
<b>Where on campus did accident occur?</b>							
<b>Describe Event:</b>							
<b>Was event reported to instructor?</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No		<b>Date:</b>		<b>Time:</b>	
<b>Condition of person involved:</b>							
<b>Was first aid administered?</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No					
<b>Describe first aid measures:</b>							
<b>Should student have used any safety devices?</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A					
<b>If machinery was being used, were all safety devices intact?</b>				<input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>Investigator Signature:</b>						<b>Date:</b>	

Please fill out form completely and return to the Business Office as soon as possible.  
 For questions regarding this form, please contact Tim Nicholson at (828) 835-4261.