

**South Georgia College
Incident/Accident Report**

Send Original to:
Occupational Health & Safety Office
Environmental Safety Division

Faculty _____ Staff _____ Student Worker _____ Student _____

Name: _____ Incident Date: _____

Time: _____ am__ pm __

Division: _____ SS# : _____ - _____ - _____ Age: _____ Sex: _____

Home Phone: () _____

Dept. or Shop: _____ Job Title: _____ Length of

Employment: _____ yrs. _____ mo.

***Incident/Accident:**

_____ Lifting/Moving _____ Burn _____ Occupational Exposure (chemical, radiation, etc.)
_____ Fall _____ Eye Injury _____ Struck by/Struck Against
_____ Cut/Puncture _____ Animal Bite _____ Other (Specify) _____

***Where did incident happen? (Be specific: building, room #, office, hallway, laboratory, etc.)**

***Details of incident. (Describe exactly what happened. What was employee doing?)**

***Describe any injury (bruise, sprain, laceration, etc.)**

***Specify what part(s) of body were injured:**

***Treatment received:** _____ None ___ First Aid ___ Medical Exam ___ Hospitalized ___ Fatality

***Work time lost: Day of Incident _____ hrs Total time: _____ days _____ hrs.**

***What preventative measures will be (or were already taken to reduce the possibility of recurrence?)**

Supervisor's Name: _____ **Phone #:** _____

Dept. Address: _____ **City:** _____

Supervisor's Signature: _____ **Date:** _____

ESD Use Only:

Further Investigation By: _____ *Date:* _____

Disposition/Conclusions:

