

Citrus Community College District
Non-Employee Injury Report Form

SUBMIT THIS FORM WITHIN 24 HOURS to the OFFICE OF HUMAN RESOURCES

Date of this Report: _____ A report of injury to a: ___ Visitor ___ Student

Name of Injured: _____ **Date of Accident:** _____

Address & Phone #: _____

Location: Where did the Accident occur? (Please be specific; inside/outside of building (name), Room #, near what landmarks, etc: _____

Describe the Incident: (Facts Only. Exclude opinions/assumptions as to cause):

Witness(es) if any. Include their Address & Phone:

What is the observable nature of the Injury?

___ Scrape ___ Fracture ___ Strain/Sprain ___ Bruise
___ Laceration ___ Internal ___ Puncture Wound ___ Cut
___ Other (please describe): _____

Body part(s) injury:

___ Head ___ Face ___ Eye ___ Neck ___ Chest
___ Abdomen ___ Back ___ Shoulder ___ Arm ___ Elbow
___ Wrist ___ Hand ___ Finger ___ Leg ___ Ankle
___ Foot ___ Toe Other: _____

Corrective Action: What changes or actions would you recommend be taken to prevent this accident from occurring again? _____

Other Comments:

Signature of Injured: _____ **Date:** _____