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: ______________________

DISTRIBUTION: Original to Human Resources    |    Copy to Environmental Health and Safety Office