

Citrus Community College District

Non-Employee Injury Report Form

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

Submit this form within 24 hours to the Office of Human Resources

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:	Address	Phone:
_____	_____	_____

What is the observable nature of the Injury?

- | | | | |
|---|-----------------------------------|---|---------------------------------|
| <input type="checkbox"/> Scrape | <input type="checkbox"/> Fracture | <input type="checkbox"/> Strain/Sprain | <input type="checkbox"/> Bruise |
| <input type="checkbox"/> Laceration | <input type="checkbox"/> Internal | <input type="checkbox"/> Puncture Wound | <input type="checkbox"/> Cut |
| <input type="checkbox"/> Other (please describe): _____ | | | |

Body part(s) injury:

- | | | | | |
|----------------------------------|-------------------------------|-----------------------------------|-------------------------------|--------------------------------|
| <input type="checkbox"/> Head | <input type="checkbox"/> Face | <input type="checkbox"/> Eye | <input type="checkbox"/> Neck | <input type="checkbox"/> Chest |
| <input type="checkbox"/> Abdomen | <input type="checkbox"/> Back | <input type="checkbox"/> Shoulder | <input type="checkbox"/> Arm | <input type="checkbox"/> Elbow |
| <input type="checkbox"/> Wrist | <input type="checkbox"/> Hand | <input type="checkbox"/> Finger | <input type="checkbox"/> Leg | <input type="checkbox"/> Ankle |
| <input type="checkbox"/> Foot | <input type="checkbox"/> 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 Safety Coordinator Office