

**COLUMBIA BASIN COLLEGE
ACCIDENT REPORT FORM**

To be completed immediately after an accident. Completion of the accident report does not indicate college liability.

(CBC Accident Report Page 1 completed by Injured Person)

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|---|-------------|--|----------------------|
| Name of Injured: | | Staff/Student ID # | |
| Please Circle as appropriate: Student Faculty Staff Visitor | | | |
| Address (City, State, Zip) | | Telephone Number: | |
| Age: | Sex: | Date of Accident: | Time: AM / PM |
| Location of Accident: | | Est. Dollar Amount of Damage: | |
| Accident Category: (circle) Motor Vehicle Property Damage Fire Bodily Injury Other_____ | | | |
| Was Weather a Factor? Yes / No | | Conditions: Cloudy Wet Snowy Sunny Other : _____ | |
| Witness to Accident: | | Witness to Accident: | |
| Name | | Name | |
| Address | | Address | |
| Telephone # | | Telephone # | |
| Type of Assistance Offered, Rendered or Refused: _____ | | | |
| By Whom: _____ | | Ambulance Identification: _____ | |
| Time Assistance Requested: _____ AM / PM Response Time: _____ AM / PM | | | |
| | | | |
| Severity of Injury or Illness: (circle) Non-Disabling Disabling Medical Treatment Needed Fatality Other_____ | | | |
| Part of Body Injured: (circle) | | Type of Injury: (circle) | |
| Head | Hands | Wounds | Amputation |
| Eyes | Legs | Strain/Sprain | Burn |
| Arms | Toes | Hernia | Foreign Body |
| Trunk | Internal | Fracture | Skin (occupational) |
| Type of Clothing Worn by Injured Person: | | Type of Footwear Worn by Injured Person: | |
| Detailed Narrative Description: (How did accident occur? Why? Objects, equipment, tools used? Circumstances? Assigned duties? Be specific. Use additional sheets as required). | | | |
| Signature of Injured Person: | | Please Print Name: | |
| Date: | | | |

(CBC Accident Report Page 2 completed by Instructor/Supervisor)

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| Was the injury caused by unsafe physical/environmental conditions at the time of accident? Be specific. | |
| Was the injury caused by an unsafe act by injured and/or others? Be specific. | |
| Was the injury caused by unsafe personal factors (improper attitude, lack of knowledge or skill, poor reaction)? | |
| Was the injury caused by the lack of personal protective equipment (protective glasses, safety shoes, safety hat, safety belt)? | |
| What can be done to prevent a recurrence of this type of accident (modification of machinery, mechanical guards, correct environmental training)? | |
| Unsafe Conditions (check basic cause) | Unsafe Acts (check contributing cause) |
| Inadequately guarded | Operating without authority |
| Unguarded | Operating at unsafe speed |
| Defective tools, equipment or substance | Making safety devices inoperative |
| Unsafe design or construction | Using equipment unsafely |
| Hazardous arrangement | Unsafe loading, placing, mixing |
| Unsafe illumination | Taking unsafe position |
| Unsafe ventilation | Working on moving or dangerous equipment |
| Unsafe clothing | Distraction, teasing, horse-play |
| Insufficient instruction | Failure to use personal protective equipment |
| Other: | Other: |
| Explain how the injury occurred: | |
| Why did the unsafe condition exist? | |
| List any physical disabilities: | |
| Actions taken to prevent similar injuries in the future: | |
| Instructor/Supervisor Name: | Instructor/Supervisor Signature: |
| Date: | |

(CBC Accident Report Page 3 completed by Safety/Security Supervisor)

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| Temperature and Conditions 24 hours prior to Accident: | Walkways cleared by whom? List Names: |
| Date & Time walkways were cleared: | Department(s) : |
| Amount of accumulation of snow or ice: | If de-icing was used, estimate amount used: |
| Further Recommendations: | |
| Signature of Safety/Security Supervisor: | Date: |

ACCIDENT REPORTING PROCEDURES

It is important all CBC faculty and staff observe safety rules and practice accident prevention in their classrooms, shops, labs and work areas. It would be advisable to ask students if there may be any reason they may need additional and or special assistance in the event of injury.

It is difficult to define procedures for every emergency. The following is a guideline for actions concerning an incident involving personal injury. **It is important to remember that an individual administering first aid should act within the scope of their qualifications and training.**

IF AN ACCIDENT OCCURS

1. The faculty or staff member present should assess the seriousness of the injury.
2. The injury is considered serious if the injury is life threatening, has the potential of being life threatening, or requires emergency hospital treatment.
3. If the injury is considered serious, emergency medical assistance should be summoned immediately (campus telephones call 9-911).
4. If the injury is considered serious, appropriate first aid treatment should be administered to reduce the threat to the life of the individual, or to insure that a person's condition does not deteriorate until professional medical assistance is available. Administer first aid with regard for Occupational Exposure to Bloodborne Pathogens.
5. After steps 1-4 have been completed, CBC Security should be notified for investigation of the accident.
6. If the injury is not considered serious, but may require emergency room treatment, the injured may request one of the following:
 - An ambulance be summoned for transport (at injured person's expense).
 - A family member be called for transport.
 - An alternative means of transport will be found by the injured person. If the injured party chooses an alternative means of transportation, the faculty or staff member should instruct the injured party not to operate a motor vehicle until after they have been examined by a doctor.
7. **At no time should students or staff be solicited or directed to transport an injured person.**
8. Secure the names and addresses of any witnesses. An Accident Report Form will be completed any time a personal injury/accident occurs, even if the injury is considered minor. Accident Report Forms are available at the Security Department or in division/department offices (see Appendix A). The appropriate portion of the Accident Report Form is to be completed by the injured party and faculty or staff member within 24 hours of the accident. The original will be submitted to the Security Department and one photocopy will be submitted to the Vice President of Administration. The Vice President of Human Resources and Legal Affairs receives a copy of employee accident reports.