**Coastal Carolina Community College**

**Report of Employee Incident**

**Supervisor’s Name:**

Click here to enter text.

**Name of Employee Involved in Incident:**

Click here to enter text.

**Date and Time of Incident:**

Click here to enter text.

**Location of Incident:**

Click here to enter text.

**Name(s) of Any Witness(es):**

Click here to enter text.

**What was the Employee’s work assignment at the time of the Incident**?

Click here to enter text.

**What was the Employee actually doing at the time of the Incident?**

Click here to enter text.

**Was Security notified of the Incident? If no, please explain.**

Click here to enter text

**Describe the Incident (from Employee’s perspective):**

Click here to enter text.

**Describe type of injury (indicate part of body injured, i.e. right arm, etc…)**

Click here to enter text.

Upon employee completion and signature, the Supervisor is to submit this report to the appropriate Vice President and then to the Office of Personnel Services and Workplace Safety.

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Employee Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

Vice President Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

Personnel Services and Workplace Safety Date

**FOR PERSONNEL SERVICES AND WORKPLACE SAFETY USE ONLY**

\_\_\_\_ Post-Accident Drug Testing \_\_\_\_ Worker’s Compensation \_\_\_\_ Documentation