

**TECHNICAL DIVISION WORK EXPERIENCE EDUCATION STUDENT**

**INCIDENT/ACCIDENT REPORT FORM**

**Information on Injured Student** - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - -

Name:

 Last First Middle

Student ID Cell/Daytime Phone

Home Address:

*(city/state/zip)*

**Information on Faculty Member** - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - -

Name: Title

Cell/Daytime Phone Program

**Description of Incident/Accident** - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - -

Date of Incident/Accident

Exact Location of Accident *(Name of business, full address, department involved)*

Describe Equipment Being Used

First Aid Administered? Yes No Doctor Seen? Yes No

Witnesses *(include names, affiliation, and phone numbers if available)*:

 ***Student’s Description of Accident***

Student’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Faculty Member’s Description of Accident:***

Faculty Member’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Program/Department Chair’s Signature
(or Assistant Dean, as applicable) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 *Original – Delgado Safety & Risk Management Office; Copies – Student, Faculty Member, Program/Department Chair, Technical Division Dean*

Form AA-003-01 (7/19)