



## Lower Columbia College Accident Report

Employee  
Student Work-  
Study  
Other (please specify)

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### Near Miss

Name (Last, First):

EID/SID:

Address:

Phone:

Date of Injury:

Injury Location:

Date & Time Reported:

Reported to:

Detailed description of incident (list any witnesses):

Describe any personal protective equipment used:

Date(s) of absences due to injury:

Did you seek medical attention?      Yes      No

Date of medical service:

Was the injured person exposed to bloodborne pathogens?      Yes      No

Describe device in use (brand, type):

Supervisor's comments/suggestions:

If applicable, what trainings has the employee had on bloodborne pathogens?

Signatures:

\_\_\_\_\_  
Injured

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor

\_\_\_\_\_  
Date

\_\_\_\_\_  
VP/Dean

\_\_\_\_\_  
Date

**Send completed report to Human Resources within 2 weeks of accident or at your very earliest convenience. HR will distribute a copy to Safety & Security.**