

INSTRUCTIONS: Please keep a copy for your records. All work-related injuries require the Accident/Incident Report to be completed **immediately**. The supervisor is to complete and review the report for accuracy, sign and contact Maureen Pool 262-695-8044 or mpool@wctc.edu.

NAME of INJURED PERSON: _____

TELEPHONE NUMBER: _____

TYPE OF INCIDENT: _____

DATE OF INCIDENT: _____ TIME OF INCIDENT: _____

INCIDENT OCCURRED AT: _____

Briefly explain what happened: (Identify equipment, materials and staff involved and state the sequence of events leading to the incident):

Person completing form: _____ Telephone: _____

Signature: _____ Date: _____

ACTION TAKEN:

Action taken by: _____ Date: _____