

ACCIDENT / INCIDENT REPORT FORM

(This form is to be completed for all employee, student, member, and visitor accidents/incidents)



INSTRUCTIONS: All Hope Aglow Empowerment Center and Hope Aglow Christian Academy related accidents/incidents (staff, student, visitor, member, etc.) require Sections I and II of the HAEC Accident/Incident Report to be completed by the injured person. If unable to do so, the person supervising the activity is to complete the accident report. In all cases, the supervisor of the activity is to complete Section III on the reverse side, review the report for completeness and accuracy, sign and forward to the Operations Manager within 24 hours of the accident/incident. Note: a fax or PDF (followed up by the receipt of the original form) is acceptable form of submittal in order to ensure the 24 hour compliance requirement (FAX: 703-490-9664).

SECTION I PLEASE PRINT OR TYPE ALL INFORMATION

NAME: _____ **Member #** _____
(Or Last 4 digits of social security #)

HOME ADDRESS:

Number/Street City State Zip

PHONE NUMBER: _____ **AGE:** _____ **DATE OF BIRTH:** _____
 Your Status: EMPLOYEE STUDENT VISITOR MEMBER

Reason for being on campus _____

SECTION II ACCIDENT / INCIDENT DATA

NATURE OF INCIDENT:
 Accident/Injury Theft/Burglary
 Physical Altercation Verbal Confrontation
 Property Damage Other

DATE OF Accident/Incident: _____ **TIME of Accident/Incident** _____ **AM/PM**

Accident/Incident occurred at: Woodbridge Campus Fredericksburg Campus Other Location (Specify)

Specific Location of Accident/Incident: _____
(Building/Department/Room Number)

Briefly explain what happened: (if an injury, (1) explain activities occurring when injury or illness occurred and what tools, machinery, chemicals, were involved, (2) what happened to cause this injury or illness (3) what was the injury or illness (i.e., state the part of the body affected and how it was affected)

What action was taken: Check all actions taken. If more than one, indicate which occurred 1st, 2nd, etc?
 First Aid – administered by _____
 Sent to Physician (Name of Physician) _____
 Sent to Hospital (Name of Hospital) _____
 Sent Home
 Continued Activity (No action taken)

HAEC Contact/Instructor: _____ **Phone number** _____
Name of Witness (if applicable) _____ **Phone number** _____
Person Completing the Report: _____ **Date:** _____

SECTION III SUPERVISOR/INSTRUCTOR REPORT ON THE ACCIDENT/INCIDENT

What action has been taken to prevent such an accident/incident from recurring? Include specific details on how it was mediated, how the incident can be avoided in the future. (Note that photos are highly recommended immediately following an incident, if at all possible.)

Supervisor/Instructor's Account of Incident which supplements and/or clarifies information provided by injured party: (if an injury, (1) explain activities occurring when injury or illness occurred and what tools, machinery, chemicals, were involved, (2) what happened to cause this injury or illness, (3) what was the injury or illness (i.e., state the part of the body affected and how it was affected)

Section III Completed by: _____

Signature

Date

SECTION IV FOR ADMINISTRATIVE OFFICE DO NOT WRITE BELOW THIS LINE INVESTIGATION/REVIEW

Investigation Comments: Photos are highly recommended immediately following an incident, if at all possible.

Required Action:

Section III Completed by: _____

Signature

Date