



**SAMUEL JACKMAN PRESCOD INSTITUTE OF TECHNOLOGY  
DEPARTMENT OF STUDENT SERVICES**

**ACCIDENT OR INJURY REPORT**

**STUDENT NAME** \_\_\_\_\_ **AGE** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

**TELEPHONE** \_\_\_\_\_ **(H)** \_\_\_\_\_ **(C)** \_\_\_\_\_

**EMAIL** \_\_\_\_\_

**DIVISION** \_\_\_\_\_

**PROGRAMME** \_\_\_\_\_

**DETAILS**

<b>What time did the accident occur?</b>	
<b>Where did the accident take place?</b>	
<b>What caused the injury? (e.g. machinery, etc.)</b>	
<b>What is the nature of injury? (e.g. cut burn, etc)</b>	
<b>Where was the instructor when the accident occurred?</b>	
<b>What action was taken after the accident?</b>	
<b>Was first-aid given? If yes by whom?</b>	
<b>Was the student taken to the doctor or the hospital? If yes, by whom?</b>	
<b>Were parents or guardians notified?</b>	
<b>Was the patient taken home? If yes, by whom?</b>	
<b>What are the no. Of days the student was absent from school because of the accident?</b>	

# STATEMENTS

## STATEMENT OF ACCIDENT BY STUDENT


## STATEMENT OF ACCIDENT BY INSTRUCTOR


## STATEMENT OF ACCIDENT BY WITNESS NO. 1


## STATEMENT OF ACCIDENT BY WITNESS NO. 2


## SUGGESTION FOR THE PREVENTION OF SIMILAR ACCIDENTS


SEEN BY \_\_\_\_\_  
REGISTRAR OR STUDENT SERVICES SENIOR CLERK

\_\_\_\_\_ DATE