



COMMUNITY COLLEGE – NORTHERN INLAND INC

INJURY REPORT

NAME OF INJURED PERSON:

Was the injured person a Tutor, Student or Visitor?

ADDRESS

..... Post Code

Phone Number

Date of Injury Time

Location

How did injury occur?

.....
.....
.....

What follow up action was taken?

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.....

Name, Address and Phone no. of witness

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.....
.....

Reported by

.....
.....

Date

This form is to be completed by the person in charge at any College activity where a person suffers an injury of any type. Please return to the Program Coordinator.