

PIEDMONT VIRGINIA COMMUNITY COLLEGE

ACCIDENT REPORT

- 1. Person(s) Involved _____
- 2. Division or Department _____
- 3. Date and Time of Accident _____
- 4. Location of Accident _____
- 5. Description of Accident _____

- 6. In your opinion did the accident occur because the injured person(s) or some other person did something that was unsafe? Yes_____ No_____

If so, what was the unsafe act? _____

- 7. In your opinion did the accident occur because of some physical hazard or the location or equipment? Yes_____ No_____

If so, what was the unsafe hazard? _____

NOTE: This form does not take the place of the Employer's First Report of Accident which must be used to report accidents involving PVCC employees, including student employees.

- 8. Person completing this report _____ Date _____