VISITORS/CONTRACTORS REPORT OF A SAFETY INCIDENT

Instructions: This form should be completed by the visitor/contractor to report a school-related incident involving injury/illness or a near-miss. The form should be completed as soon as possible (48 hrs.) and submitted to the college's safety officer or to Environmental Health and Safety (EHS) department. If the form is submitted to the safety officer, the person who receives the form should sign it and forward it to EHS at ehs@kennesaw.edu.

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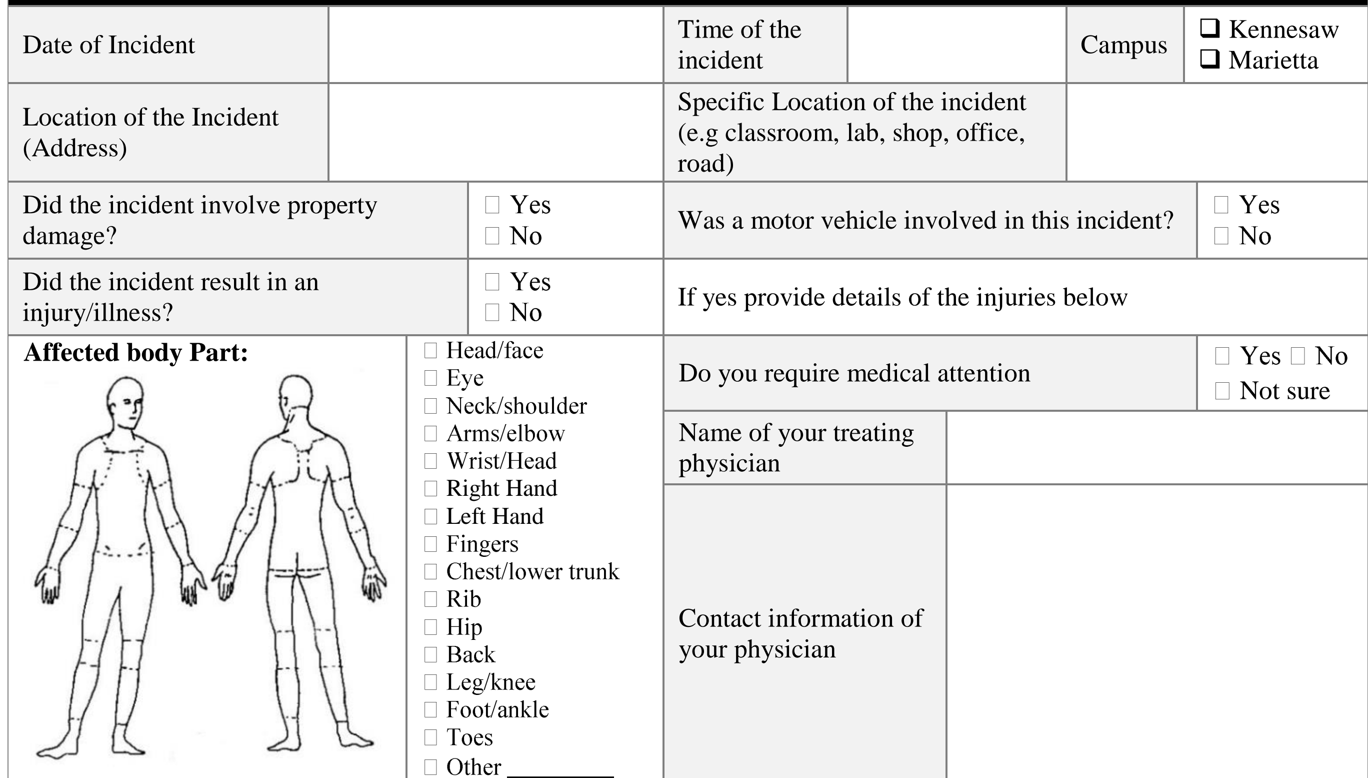

Injured Visitor/Contractor (To be completed by each injured Visitor/Contractor)

First Name		Last Name	
Sex	☐ Male ☐ Female	Age	
Home address:		Tel #	
City		State		Zip Code	

Describe the incident

Date of Incident		Time of the incident		Campus	❑ Kennesaw ❑ Marietta
Location of the Incident (Address)		Specific Location of the incident (e.g classroom, lab, shop, office, road)			
Did the incident involve property damage?	☐ Yes ☐ No	Was a motor vehicle involved in this incident?	☐ Yes ☐ No		
Did the incident result in an injury/illness?	☐ Yes ☐ No	If yes provide details of the injuries below			

Affected body Part:	☐ Head/face ☐ Eye ☐ Neck/shoulder ☐ Arms/elbow ☐ Wrist/Head ☐ Right Hand ☐ Left Hand ☐ Fingers ☐ Chest/lower trunk ☐ Rib ☐ Hip ☐ Back ☐ Leg/knee ☐ Foot/ankle ☐ Toes ☐ Other _________	Do you require medical attention	☐ Yes ☐ No ☐ Not sure
		Name of your treating physician	
		Contact information of your physician	

Please describe, step-by-step, how the incident occurred:

For Contractors working on Campus (only) Please Fill Below

Were you using any type of personal protective equipment (PPE) at the time of the incident	☐ Yes ☐ No	If yes, what PPEs	☐ Eye/face protection ☐ Hard Hat ☐ respirators ☐ ear plugs/muffs ☐ Others ______________________________	☐ Gloves ☐ safety shoes ☐ lab coat/coverall/gown ☐
Were you using any type of engineering controls at the type of the incident?	☐ Yes ☐ No	If yes, what controls	☐ Fume hood ☐ BSC ☐ Safety guards ☐ inter-locks ☐ Others ______________________________	☐ Glove boxes ☐ Other local ventilation ☐ safety guards ☐ fall protection systems

Does the activity/task you were performing have a written procedure (SOP)	☐ Yes ☐ No ☐ I don't Know

What would your recommend to prevent this accident from recurring:

Names of witnesses, if any. (Witness report must be completed)	

Signatures

Visitor's/Contractor's Signature		Date	