

BRISTOL COMMUNITY COLLEGE
INTERNAL ACCIDENT REPORT

Name _____ SS# _____
Address _____ DOB _____

Telephone # _____ Employee ID# _____

Date of Injury _____ Time of Injury _____

Location of Injury _____

Work Schedule/Start Time _____

Describe how injury occurred _____

Injured body part(s) _____

Nature of injury (sprain, break, etc.) _____

Witness(es) _____

Signature of Employee

Date

If medical treatment is required, notify Human Resources immediately! This form must be submitted to the Human Resources Office within **24** hours of the injury.