



Glendale Community College • Accident Report

Instructions

Use this form to report all accidents to students which occur while they are attending class; participating in or attending a college activity; and on the way to or from class (other than by motorized vehicle). This report should be filled out and sent immediately to the Office of Student Life.

Name: _____ Phone: _____
Last First Middle Initial

Home Address: _____

City, State, Zip: _____

Social Security# _____ Date of Birth: _____

Date of Accident: _____ Hour: _____ AM PM Gender: M F

Location of Accident (Address and room number if applicable): _____

Instructor/Employee on Duty: _____

Did accident occur:

Glendale Community College (Main)	<input type="checkbox"/> yes <input type="checkbox"/> no	GCC North	<input type="checkbox"/> yes <input type="checkbox"/> no
While student was supervised?	<input type="checkbox"/> yes <input type="checkbox"/> no	During sponsored activity?	<input type="checkbox"/> yes <input type="checkbox"/> no
During instructional hours?	<input type="checkbox"/> yes <input type="checkbox"/> no	On school premises?	<input type="checkbox"/> yes <input type="checkbox"/> no
While traveling to or from a regularly scheduled activity in a supervised group?	<input type="checkbox"/> yes <input type="checkbox"/> no		

Description of Accident

How did the accident occur? What was the student doing? Where was the student? List specifically any existing unsafe conditions (Please notify College Safety (53535) immediately to report unsafe conditions). Specify any tool, machine or equipment involved:

Signature of Instructor/Employee on Duty

Date

Distribution:

White Copy	Student Life
Yellow Copy	College Safety
Pink Copy	Student