



**J.F. Ingram State Technical College
Employee Accident Report Form**

1. Name of employee submitting report:

2. (circle one) Main Campus Draper-Staton Center Tutwiler Center 3. Date of Report:
Other location _____

4. Date of Accident: 5. Time of Accident

6. Where Did Accident Occur:

7. Details of Accident, Including any Damage or Injury:

8. List of Witnesses, if any:

9. Action Taken by Employee(s) involved in the accident.

10. Signature of Employee Submitting Report:

Additional Information May be Provided on the Back of this Form.