Illinois Valley Community College (IVCC)

First Aid Log
FORM A

Date of Injury:		Time of Injury:	A.M. ☐ P.M. ☐
Employee's Name:			
Location:			
Job Title:			
Describe Injury:			
Describe How Injury Occurred:			

Was First Aid Provided? ☐ Yes ☐ No

Describe the First Aid Treatment:	
Person Rendering First Aid Treatment:	

Witnesses

Name:		Name:	
Phone #:		Phone #:	
Position:		Position:	
Statement:		Statement:	

Supervisor Signature:	
Employee Signature:	
Date Form Completed	

Illinois Valley Community College (IVCC)

Administration Investigation Report
FORM B

Employee Information			
Employee's Name:			
Date of Birth:		**Date of Hire:**	
Job Title:		**Department:**	

Accident Details			
Date of Injury:		**Time of Injury**	**A.M.** ☐ **P.M.** ☐
Location:		**Scheduled Hours:**	**From:** **To:**
Weather Conditions:		**Temperature:**	
Please provide a Summary of the Accident:			
Body part(s) injured:			
Nature of Injury:			
What Job was being done at the time of the incident:			
Who else was involved:			
What machine, equipment, or object directly caused the injury:			
What PPE or Safety Equipment was in use:			
What safety rules/OSHA rules or procedures were violated:			
Has the employee had this accident/ incident before:	☐ **Yes** ☐ **No** **If yes, when:**		

Witnesses			
Name:		**Name:**	
Phone #:		**Phone #:**	
Position:		**Position:**	

Corrective Action / Follow-Up	
Was there anything that could have been done to prevent this accident/injury/ incident:	☐ **Yes** ☐ **No**
What Corrective Action or Follow-Up Action was taken:	
When:	
Was an all employee discussion of this accident conducted:	☐ **Yes** ☐ **No**
If yes, by whom:	
Did the Supervisor/Safety Committee review this incident:	☐ **Yes** ☐ **No**
If yes, what was recommended:	

Supervisor Signature:	
Employee Signature:	
Date Form Completed	