

Redwoods Community College District  
**Report of Student Injury**

Name of Injured \_\_\_\_\_ SS# \_\_\_\_\_ Campus/Dept. \_\_\_\_\_

Address \_\_\_\_\_ Telephone # \_\_\_\_\_

Date and Time of Injury \_\_\_\_\_ Date and Time Reported \_\_\_\_\_

Exact Campus Location of Injury \_\_\_\_\_

Witnesses \_\_\_\_\_

Describe Injury and Body Parts Involved \_\_\_\_\_

First-aid or Medical Treatment Provided \_\_\_\_\_

Description of Activity at Time of Injury \_\_\_\_\_

What Unsafe Conditions or Actions Contributed to the Injury? \_\_\_\_\_

What Steps Have Been Taken to Prevent Similar Injuries? \_\_\_\_\_

Recommendations for Additional Action \_\_\_\_\_

Supervisor's Signature \_\_\_\_\_ Date \_\_\_\_\_

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_