



Oak Brook Main Campus  
2625 Butterfield Road, Suite 102E  
Oak Brook, IL 60523  
Phone: (630) 705-9999 Fax: (630) 705-1422  
E-mail: [inquiry@vervecollege.edu](mailto:inquiry@vervecollege.edu)

Chicago Non-Main Campus (Extension)  
216 W Jackson Blvd. Suite 900  
Chicago, IL 60606  
Phone: (312) 920-8822 Fax: (312) 658-0775  
Web: [www.vervecollege.edu](http://www.vervecollege.edu)

## ACCIDENT / INCIDENT REPORT

Employee Name: \_\_\_\_\_

Job Title/Department: \_\_\_\_\_

Supervisor/Manager: \_\_\_\_\_

Date of Accident/Incident: \_\_\_/\_\_\_/\_\_\_ Time of Accident/Incident: \_\_\_:\_\_\_AM/PM

Description of accident/incident:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Witness of accident/incident: \_\_\_\_\_

List any body parts affected: \_\_\_\_\_

Supervisor/Manager Comments:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How could have the accident/incident been prevented?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has the unsafe condition been corrected? \_\_\_ YES \_\_\_ NO

If Yes, how was it corrected? \_\_\_\_\_

If No, when and how will it be corrected? \_\_\_\_\_

Additional Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_