

Florida College System Risk Management Consortium

ACCIDENT INCIDENT REPORT

(A copy of this report is NOT authorization for medical treatment)

INSTRUCTIONS

- x If loss/occurrence/injury is to a college employee, please complete sections: 1, 2, 5, 6, 7 and 8.
- x If loss/occurrence is to college owned property please complete sections: 1, 3, 5, 6, 7 and 8.
- x If loss/occurrence/injury is to a non college employee or non college owned property, please complete sections: 1, 4, 5, 6, 7 and 8.

1. LOCATION AND DATE OF INCIDENT/OCCURRENCE

COLLEGE (Check One)

BC	& ^	IRSC
CC	FGC	
CF	FSWSC	FSWS
& <	GCSC	SWS
^	HCC	SWS

6. DESCRIBE LOSS/OCCURRENCE/INJURY (to be completed by Injured Employee/Party if at all possible):

ACCIDENT/INCIDENT REPORT INSTRUCTIONS

This form is used to notify the Florida College System Risk Management Consortium (FCSRM) of accidents/incidents/occurrences for review as possible claims. This form should be used to document the following types of occurrences: Accidents, Injuries, Crimes/Theft, Property Damage (College Owned), Property Damage (Non College Owned), Internet Crisis (stolen, lost, or hacked personal information), Equipment Breakdown (fka Boiler and Machinery), Student Accidents, Athletic Injuries, and Allied Health (Professional Liability Claims). Please note, Worker's Compensation claims are not reported to the FCSRM. Using this Injuries, euctTc 0.224 0 Td 7493not

