

Accident / Injury Report

Date of this report: _____ Date of Incident: _____

Name of participant: _____

Has the Training Site Supervisor been notified: _____ Yes _____ No

Has the Career Mentor been informed? (909) 481-0270? _____ Yes _____ No

Has the Career Institute CEO been informed (909) 731-8238? _____ Yes _____ No

Describe accident in detail (specify time, place, duties of employee, etc.):

Describe nature of injuries if any:



High Desert
ph: 760-780-0342
fax: 760-780-0341

Lake Arrowhead
ph: 909-744-8043
fax: 909-336-4313

Rancho Cucamonga
ph: 909-481-0270
fax: 909-481-3947