

INJURED PERSON [fills out this section]

 Last Name First Middle SSN (last 4 digits) Today's Date

 Street City State Zip

Phone # (_____) _____ Birth Date: _____ Employee's Email: _____

Check One: Student Short Term Employee Public Child Care

Position/Title: _____ Hire / Start Date: _____ Hourly Rate: _____

Average Hours Worked/Daily: _____ Average Days Worked/Week _____ Average Total Hours Worked/Week _____

Location of Incident: WV___ MC___ Other___ Building/Room _____ (Other location, please describe or attach maps)

Date of Incident: _____ Time: _____ Time Employee Started Work on Incident Date: _____

For accidents in class or lab activities:

 Instructor Name Course name

 Other Witness/es Name(s) Phone No.

Injured Party: Please describe how accident/injury/incident occurred, and be specific:

 Print name of Injured Person Signature of Injured Person Date

COLLEGE PERSONNEL [only college personnel may fill out the following information]

Describe part of body affected, condition/ injuries (do not diagnose) _____

 First Aid/ Treatment given _____

Referred to (check one): Emergency Facility MD Home Worker's Comp Clinic Other _____

Follow-up plans (if applicable) _____

Insurance (check one): Student Accident Insurance Worker's Comp. Kaiser Medi-Cal Other _____

Was Accident Insurance information given to student: Yes No (If insurance needed, contact Student Health Services)

Did injured person's blood or body fluid come in contact with student or staff? Yes No

If yes who _____ Phone # _____
 (Print Name) (Last 4 digits)

Did injured person's blood or body fluid come in contact with any surface or equipment? Yes No

If yes, who decontaminated area, and how? _____

Employee accidents/ blood exposure must be reported immediately to: HR @ 408 741-2128 and FAX INCIDENT REPORT to #: 408-867-9059

 Signature of College Personnel filling out form Department Date

INSTRUCTIONS TO STAFF COMPLETING ACCIDENT/ INJURY/ INCIDENT REPORT

1. **TOP SECTION:** Collect all identifying information about student, employee, or public involved with accident/ injury/ incident. Have injured person complete the “INJURED PERSON” section, if possible. Make certain to put any instructor/ witness names on the form. Complete in ink.
2. **BOTTOM SECTION:** Complete the “COLLEGE PERSONNEL” section. Report any first-aid given and follow-up needed.
3. This completed report form should be sent immediately to Student Health Services and a copy to injured person’s Supervisor. Health Services will distribute copies to other college personnel as deemed appropriate.
4. **Student injuries:** The Incident Report is kept separate from student’s academic records. This report is considered confidential.

IMPORTANT: *If immediate corrective action needs to be taken at the location of the incident, inform appropriate personnel IMMEDIATELY and indicate your contact on the top of form. Some possible corrective actions are:*

Corrective Action	Department to Contact	Phone Numbers
Facility repair - electrical, plumbing, building, etc. Blood or body fluid clean-up	Facilities <i>After 5 p.m.</i> Duty Administrator	(408) 741-2050 or ext. 2050 <i>After 5 p.m.</i> WVC – 408- 593-2086 Mission – 408 -590-2657
Building security Hazardous materials spill	WVMCCD Police	County Communication 408-299-2311 Request District Police

Additional Information describing accident or first aid treatment:

If the injury/illness is a serious medical emergency, call 911.

- If medical treatment is needed, you will be directed to one of the following clinics upon initial report of injury.

US HealthWorks	Alliance Occupational Medicine
1197 East Arques Avenue	2737 Walsh Avenue
Sunnyvale, CA 94085	Santa Clara, CA 95051
(408) 773-9000	(408) 228-8400
M - F 7:00 – 5:00	M – F 7:00 – 7:00