

**SOUTHERN WEST VIRGINIA COMMUNITY AND TECHNICAL COLLEGE
BOARD OF GOVERNORS
SCP-1375.A**

Accident/Incident Report Form

Accident/Incident: Date <input type="text"/> Day of Week <input type="text"/> Time <input type="text"/> <input type="radio"/> AM <input type="radio"/> PM Location: <input style="width: 100%;" type="text"/> <input type="radio"/> Employee <input type="radio"/> Student <input type="radio"/> Visitor <input type="radio"/> Other <input style="width: 100%;" type="text"/>	FOR EMPLOYEES ONLY Hire Date <input style="width: 100%;" type="text"/> Title <input style="width: 100%;" type="text"/> Time Employee Began Work <input type="text"/> <input type="radio"/> AM <input type="radio"/> PM Number of Days Off Work <input style="width: 100%;" type="text"/>
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Information on affected person:

Name <input style="width: 100%;" type="text"/>	Phone Number <input style="width: 100%;" type="text"/>
Address <input style="width: 100%;" type="text"/>	Date of Birth <input style="width: 100%;" type="text"/>
City <input style="width: 25%;" type="text"/> State <input style="width: 25%;" type="text"/> Zip Code <input style="width: 25%;" type="text"/>	<input type="radio"/> Male <input type="radio"/> Female

Event type:

<input type="checkbox"/> Accident	<input type="checkbox"/> Aggravated Assault	<input type="checkbox"/> Robbery	<input type="checkbox"/> Sexual Offense --- <input type="radio"/> Forcible <input type="radio"/> Non-forcible
<input type="checkbox"/> Incident	<input type="checkbox"/> Hate Crime	<input type="checkbox"/> Injury	<input type="checkbox"/> Drug Law --- <input type="radio"/> Arrest <input type="radio"/> Referral
<input type="checkbox"/> Murder	<input type="checkbox"/> Negligent Manslaughter	<input type="checkbox"/> Liquor Law --- <input type="radio"/> Arrest <input type="radio"/> Referral	
<input type="checkbox"/> Burglary	<input type="checkbox"/> Vehicle Theft	<input type="checkbox"/> Weapons --- <input type="radio"/> Arrest <input type="radio"/> Referral	

Treatment Information:

Was first aid provide? Yes No If yes, by whom?

Was individual treated in an emergency room? Yes No Was individual hospitalized overnight as an in-patient? Yes No Name of Physician

Name and address of treatment facility if applicable:

Facility City State

Information concerning the case

What was the individual doing just before the incident occurred? Describe the activity, as well as the tools, equipment, or material the individual was using. Be specific. Examples: "Walking down stairs carrying books"; "Climbing a ladder while carrying roofing materials"; "daily computer key-entry."

What happened? Tell us how the injury occurred. Example: "Tripped at the bottom step when the ladder slipped on wet floor, individual fell 20 feet"; "Individual was sprayed with chlorine when gasket broke during replacement"; For employees, "Worker developed soreness in wrist over time."

What was the injury or illness? Tell us the part of the body that was affected and how it was affected; be more specific than "hurt," "pain," or sore." Examples: "strained back"; "chemical burn, hand"; "carpal tunnel syndrome."

What object or substance directly harmed the individual? Examples: "concrete floor"; "chlorine"; "radial arm saw." If this question does not apply, leave blank.

If the individual died, when did death occur? Date:

Attention: This form contains information relating to employee health and must be used in a manner that protects the confidentiality of employees to the extent possible while the information is being used for occupational safety and health purposes.
See CCR Title 8 14300.29(b)(6)-(10)