UNIVERSITY & COLLEGE INSURANCE CONSORTIUM

RCM&D

Injury - Incident Report

For completion by Injured Individual

_____ **College**

Incident Information

Date	Time
Location	
Date of Hire	Start of Shift
Department	Supervisor

Relationship to the College Mark all that apply ☑

❑ Employee	❑ Faculty	❑ Full Time
❑ Student Worker	❑ Administrator	❑ Part Time
❑ Other		❑ Casual

Employee's Information

Name (Last, First, MI, Suffix):	Job Title:	Employer Notified (Date & Time):
		Supervisor Notified (Date & Time):
Residence:	❑ Male ❑ Female	DOB
Street	Home Telephone	Home e-mail
City	Work Telephone	Work e-mail
State / Zip code	Cell / Mobile phone	Work Fax

If not employed by _____, where?

Secondary Employment ❑ Yes ❑ No — Where?

Injury Information ❑ **N/A**

Nature of Injury Mark all that apply ☑

❑ Abrasion	❑ Contusion	❑ Hernia
❑ Amputation	❑ Cut-laceration	❑ Infection
❑ Bruise	❑ Death / Fatality	❑ Needle stick
❑ Burn (chemical)	❑ Dermatitis	❑ Other
❑ Burn (thermal)	❑ Dislocation	❑ Puncture wound
❑ Concussion	❑ Electrical shock	❑ Sprain / Strain
❑ Carpal Tunnel	❑ Fracture	

Body Part(s) Injured Mark all that apply ☑

❑ Abdomen	❑ Finger	❑ Hip	❑ Shoulder
❑ Ankle	❑ Foot	❑ Knee	❑ Thigh
❑ Arm, upper	❑ Forearm	❑ Leg	❑ Thumb
❑ Back	❑ Groin	❑ Multiple	❑ Toe(s)
❑ Chest	❑ Hand	❑ Neck	❑ Wrist
❑ Elbow	❑ Head	❑ Other	❑ Eye injury

Treatment Mark all that apply ☑

❑ **N/A** Not needed	❑ No Medical Care on scene	❑ Treated on Scene by Public Safety	❑ Clinic / Hospital
❑ Medical Treatment Requested	❑ Self Care on scene	❑ Treated on Scene by EMS	❑ College Health Center
❑ Recommended by supervisor	❑ First Aid provided on scene	❑ Transported by Self	❑ Panel Physician
❑ Medical Treatment Refused	❑ Non-Emergency care	❑ Transported by Public Safety	❑ Subject's Physician
	❑ Emergency Medical care	❑ Transported by EMS	❑ Emergency Department

If transported to clinic, hospital or physician, where?
❑ Other:

Safety Information Was Personal Protection Equipment (PPE) required? ❑ Yes ❑ No Was PPE worn? ❑ Yes ❑ No If no, why not?

PPE Available? ❑ Yes ❑ No If no, why not?
PPE Type:

Describe what you were doing at the time of the incident:	**Describe the conditions in area:** (Clothing worn; weather, lighting, surfaces…)

Description of incident (Attach additional pages if needed)

Recommendation on how to prevent this incident from recurring:

If injured, what is the specific nature of the injury?

Describe any equipment, machinery, object or substance that may have directly harmed the subject. Was the employee trained to utilize the equipment? If no, why not?

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Witness(es) to incident ❑ **None** (Attach additional pages if needed) Name	Address	Contact (Telephone, e-mail)
DPS Notified ❑ Yes ❑ No	**Person completing Report** Name & Title, Contact Telephone Number:	Date Completed

Forward Report to: