

INJURED PERSON [fills out this section]

Last Name			First	Middle	Datatel ID or SSN (last 4 digits)	Birth date
Street			City		State	Zip
Phone # (____)			Check One: <input type="checkbox"/> Student <input type="checkbox"/> Employee <input type="checkbox"/> Public <input type="checkbox"/> Child Care			
Location of incident:						
WV__ MC__ Building/Room _____			Date of Incident _____		Time _____	
(Other location, please describe or attach maps)						
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:						

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 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 _____ Datatel ID or SSN _____ 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 and immediately faxed to: Venita Atwal in HR @ 741-2168; Fax#: 408-867-9059

Signature of College Personnel filling out form Dept. 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:
