# West Valley - Mission Community College District

## Accident - Injury - Incident Report

### Injured Person [fills out this section]

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First</th>
<th>Middle</th>
<th>Datatel ID or SSN (last 4 digits)</th>
<th>Birth date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
<th>Phone # (_____ )</th>
<th>Check One: □ Student □ Employee □ Public □ Child Care</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**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:

<table>
<thead>
<tr>
<th>Instructor Name</th>
<th>Course name</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**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 # __________________

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 ____________

Send completed form to Student Health Services
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:

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

Additional Information describing accident or first aid treatment:

__________________________________________________________________________________

__________________________________________________________________________________

__________________________________________________________________________________

WVMCCD Accident/ Injury/ Incident Report Instructions 9/2010.mcshe