5.1 Accidental Injury Report Form CONFIDENTIAL (after completed)

SEATTLE COLLEGE DISTRICT VI

CAMPUS SECURITY ACCIDENTAL INJURY REPORT

Seattle Colleges | 1500 Harvard Ave Seattle, WA 98122 |

INJURED PERSON

Name: (Last, First, M.I.):	**Address:** (Local)
Student ID #:	
Phone:	
Email Address:	

Age:	**Sex:**	**Classification:** (circle one) Student | Employee | Visitor	**Title or Status:** (Machinist, Salesman, etc)

Department:	**Date of Occurrence:**	**Time of Day:**

ACCIDENT

Indicate the location of the incident you are reporting:

- ❑ North Seattle College
- ❑ Seattle Central College
- ❑ SVI
- ❑ Wood Technology
- ❑ Seattle Maritime Academy
- ❑ South Seattle College
- ❑ Georgetown
- ❑ Siegal Service Center

Exact Location of Accident:	**Name of Supervisor:**

Area of Occurrence:

❑ Auditorium ❑ Corridor, hallway ❑ Student Center ❑ Parking Lot
❑ Bathroom, shower ❑ Dressing or locker room ❑ Laboratory ❑ Other:
❑ Cafeteria Kitchen ❑ Grounds ❑ Shop Area
❑ Classroom, study room ❑ Gymnasium ❑ Stairs, ramps

Details of Accident **CONFIDENTIAL (after completed)**

I am reporting a(n):

Injury Work-Related Illness Near-miss Workplace Hazard

Describe events, actions, and conditions fully including environmental, emotional, and physical factors, which contributed to the injury.

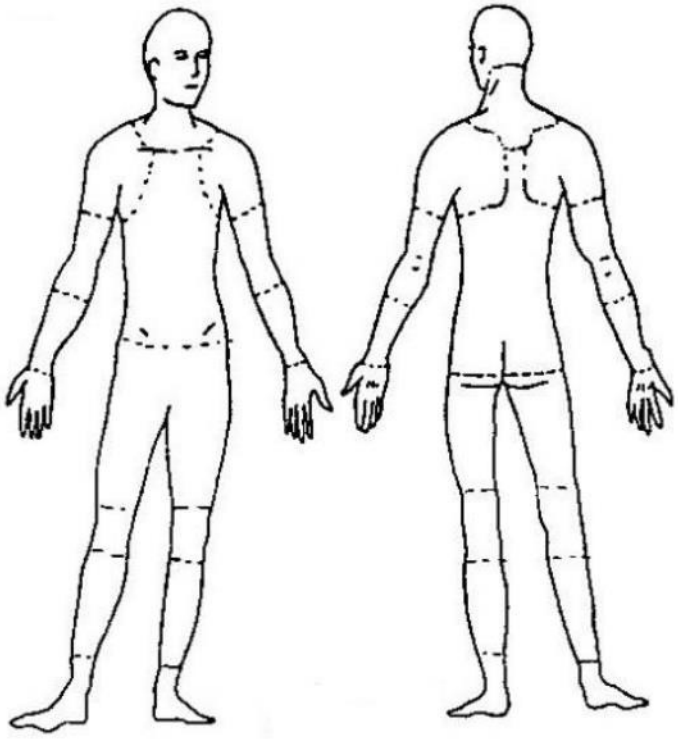
Action to Prevent Similar Accidents (Indicate if taken or recommended):

Witness (Name, Contact Information &/or Job title):

School Insurance: YES | NO (circle one)

Accidental Injury Report Form (continued) CONFIDENTIAL (after completed)

PART OF BODY INJURED (shade or circle all that apply):



Nature of Injury

- ❑ Amputation
- ❑ Bruise, contusion
- ❑ Burn, scald
- ❑ Concussion
- ❑ Cuts, open wounds
- ❑ Other, Specify
- ❑ Dermatitis, infection
- ❑ Dislocation
- ❑ Exposure, Frostbite
- ❑ Fracture
- ❑ Foreign body
- ❑ Heat exhaustion, Sunstroke
- ❑ Inhalation- dust, fumes, gases
- ❑ Internal injury
- ❑ Poisoning, internal
- ❑ Rupture, hernia
- ❑ Shock, electrical
- ❑ Shock, fainting
- ❑ Sprains, strains
- ❑ Suffocation, drowning, strangulation

Part of Body Injured

- ❑ Generalized
- ❑ Skull or scalp
- ❑ Eye
- ❑ Nose
- ❑ Mouth
- ❑ Jaw
- ❑ Other Head
- ❑ Other, specify
- ❑ Neck
- ❑ Spine
- ❑ Chest
- ❑ Abdomen
- ❑ Back
- ❑ Pelvis
- ❑ Other Trunk
- ❑ Shoulder ❑ Hip
- ❑ Upper arm ❑ Thigh
- ❑ Elbow ❑ Knee left
- ❑ Forearm ❑ Lower leg
- ❑ Wrist ❑ Ankle right
- ❑ Hand right thumb ❑ Foot
- ❑ Finger ❑ Toe

TREATMENT **CONFIDENTIAL (after completed)**

Estimate of Severity	**Emergency Care**
❑ Minor ❑ Serious ❑ Critical ❑ Fatal	❑ First Aid ❑ Private Physician ❑ Health Center ❑ Hospital, specify:

Given by: **(Name and address)**

Will Injury Cause Absence from Work or Classes?	**If so, for how long?**

Patient Status	**This report submitted by**: (Please print) **Date Submitted**: **This report completed by**: (Please print) Campus Security Officer **Date Completed**
❑ Non Patient ❑ Out Patient ❑ Hospitalized	

FOLLOW-UP

The space below is reserved for notes made by the EHS Manager, Public Safety, or a Safety Committee member to include additional information about the described injury or the investigation/correction of reported hazards.

Reviewed By: Date: