

Campus Safety | Accident Injury Report

This section for official use only

IR#:		Date Received:		Received by:	
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Reporting Party

Please complete all fields

Affected Party

Name:		Name:	
Date of Statement:		Street Address:	
Date / Time of Occurrence		City, State, Zip	
Location of Occurrence		Phone #:	
Reporter is:	Self Supervisor Witness	Affected is:	Student Staff
	Other ()		Other ()
Reporter SID / EID # (if applicable)		Affected SID / EID # (if applicable)	
Report Completed by:		Date of Birth:	
Reporter SID / EID # (if applicable)		Affected is:	Male Female

Date Hired: _____ Job Title: _____

Did the injury / illness occur while: working? in class? other? _____

Date and time work or class began: _____

Was Supervisor or Instructor notified? YES NO

Supervisor / Instructor name: _____ Title: _____

What were you doing before the incident? _____

What Happened? _____

PLEASE COMPLETE OTHER SIDE



Describe the injury / illness: _____

What object or substance directly harmed you? _____

If person died, when did death occur? _____

Was first aid administered? YES NO What treatment was given? _____

Who provided treatment? (full name / address / phone) _____

Witnesses (full name / address / phone) 1) _____
2) _____

911 / Ambulance called? YES NO By Whom? _____

Injured person transported? YES NO Transported to where? _____

Transported by whom? _____

Name of treating physician or other health care professional: _____

If treatment was given away from worksite, where was it given? (facility name / full address):

Olympic College Employees – if you are injured at work and need treatment, go to the emergency room or the health care provider of your choice and tell them you were injured at work. They will assist you in filing the worker’s compensation claim through Washington state Labor and Industries. If you have questions or concerns, please contact Human Resources @ (360) 475 – 7300.

Were you or will you be treated in an emergency room? YES NO

Were you or will you be hospitalized overnight as an in-patient? YES NO

What caused the accident / injury (in your opinion)? _____