## BLUE MOUNTAIN COMMUNITY COLLEGE INCIDENT REPORT FORM

To be completed by College staff or any person directly involved, injured or witnessing an incident. Sections 1, 2, and 7 must be completed for all incidents. Section 3, 4, 5 and 6 should only be filled out if these sections are appropriate to the incident.

## COMPLETED FORMS SHOULD BE DELIVERED TO THE HUMAN RESOURCES DEPARTMENT IMMEDIATELY – Morrow Hall Room 124

SECTION 1:							
Date of incident:	Time of in	Time of incident: (AM:PM)					
Location of incident:							
Name of person reporting incide Home address:							
	Home Phone:						
SECTION 2:							
Describe the incident in detail (	Use Backside or additio	nal paper if mo	re room is needed)				
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<b>SECTION 3: (To be complete</b>	d if an injum accuma	I)					
Name of injured party:							
Home address:							
Campus Phone:	Home Phone:						
Employee?	Yes	<u>No</u>					
Enrolled Student?	Yes	<u>No</u>	Diald Tain				
Accident Occurred during: Other (Please Describe)	Employment	Class	Field Trip				
Outer (Flease Deseribe)							

Section 3: (Cont'd.)	
Describe the injury (body part/ type of injury):	
Is a previous injury/condition a contributing factor? Yes If yes, explain:	No
Treatment required on the scene (Circle all that apply)     First aid   Emergency transport	
No transport Hospital	
Identify Cause if any? (e.g. rule violation, work habit, unsafe procedu	ıre, unknown, etc.)
<b>SECTION 4:</b> (To be completed if theft/burglary/damage to college p Describe what was damaged or stolen:	
Were doors and windows locked? (If appropriate, explain) Yes No	
If college equipment was lost or damaged, provide the following infoBldg.RoomEquipmentSerial #R	rmation for each item: eplacement value
What was the estimated dollar loss?	
How was estimate made?	

<b>SECTION 5:</b> (To be completed if any Police or Fire Depts. were notified)						
Police notified?	Yes No	Date	Time			
Name of Responding	Officer:					
Anyone else notified?	Yes	No				
Name of agency and i	ndividuals not	ified:				
			11. 1			
			dditional paper if more			
Name	Home	Address	Home	Phone		
SECTION 7: (Must b	e signed by ir	dividual comr	leting form)			
SECTION 7. (Must t	<i>ic</i> signed by in		ieting ioiii)			
Signature			Date			
Signature			Dute			
Signature			Date			
HUMAN RESOURC	CES USE ON	LY				
SECTION 8:						
What corrective action	n was taken, o	<u>r is planned, to</u>	prevent similar incider	nts from occurring in		
the future?						