



Incident Report

INSTRUCTIONS:

- IF YOU ARE AN EMPLOYEE, complete sections: 1, 2, 4, 5, 6, 7, 8
- IF YOU ARE NOT AN EMPLOYEE, complete sections: 1, 3, 4, 5, 6, 7, 8
- Submit this completed form to the Public Safety Office, Central Campus BE1108 (phone: 206-934-5442)
- If you are reporting a workplace hazard, you may send the copy directly to EHS (phone: 206-934-2904)

1. LOCATION/DATE OF INCIDENT

College Location: Central Pacific Tower SMA SVI WTC

Date of Occurrence (MM/DD/YYYY):

Time of Occurrence (HH:MM):

AM PM

Location of Occurrence (Be Specific): Building:

Floor/Room:

Employee/Student Identification Number:

2. EMPLOYEE REPORT

Employee's Name:

Job Title:

Supervisor's Name:

Department:

Have you reported this occurrence to your supervisor?

Yes No

If "yes," when?

Have you visited a doctor concerning this injury/illness?

Yes No

If "yes," whom did you see?

When did you see the doctor?

Have you previously sustained this type of injury at work?

Yes No

If "yes," when?

Employer at the time of previous injury:

3. NON-EMPLOYEE REPORT (student/visitor/vendor/contractor)

Name:

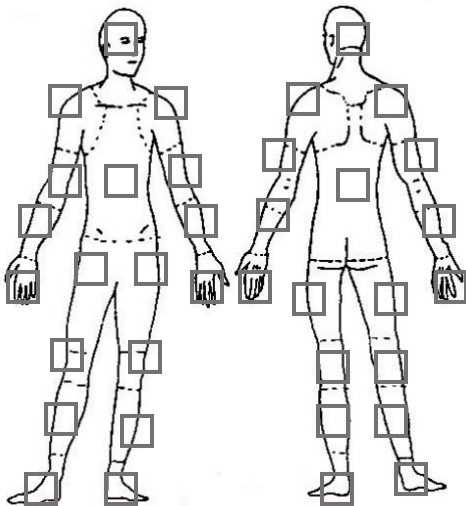
Program/Affiliation:

Was there a College employee present at the time of the occurrence?

Yes No

If "yes," who?

Department:

4. PART OF BODY INJURED (check all that apply):**5. NATURE OF THE INJURY (check all that apply):**

Abrasion, scrape

Cut/laceration

Amputation

Needlestick/puncture

Back Injury

Hernia

Broken bone

Illness

Bruise

Sprain

Burn (heat)

Muscle Sprain

Burn (chemical)

Other:

Concussion (to head)

Crushing injury

I am reporting a(n):

Injury

Near-miss

Work-Related Illness

Workplace Hazard

6. WITNESSES (if anyone witnessed this occurrence or can corroborate a hazard, please include their name below):

Name:

Job Title:

Name:

Job Title:

Name:

Job Title:



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7. DESCRIBE THE OCCURRENCE (include what activities were being performed and how the incident occurred):

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8. SIGNATURES AND CONTACT INFORMATION

Signature:	Date:
Completed on behalf of (if you are not the reporting party):	
Describe your relationship to the reporting party (i.e. supervisor, family relation):	
Please provide your contact information below so that we may contact you to discuss this report and any corrective actions taken. You may choose to remain anonymous only if you are reporting a workplace hazard.	
Phone:	Email:

9. 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.

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Reviewed By:	Date:
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