WESTMORELAND COUNTY COMMUNITY COLLEGE

Report # _____
(Report # for Human Resources Use Only)

INJURY - ILLNESS AND INCIDENT REPORTING FORM

This form is NOT to be completed for criminal offenses and/or automobile accidents.
Please contact the college campus Security at extension 4250 for appropriate reporting procedures.

Section A: Individual's Information

Status of Individual: ☐Employee ☐NCOA/AAA ☐Security ☐Student ☐Visitor ☐Vendor

Name: _____ **Phone #:** _____
(PRINT - First Name, Middle Initial, Last Name)

Address: _____
(Street Address, City, Zip Code, County)

Name of Person Completing Report: _____ **Signature of Person Completing Report:** _____
(PRINT - First Name, Middle Initial, Last Name)

Date Completed: _____ **Status of Person Completing Report:** ☐Employee ☐NCOA/AAA ☐Security ☐Student ☐Visitor ☐Vendor

Section B: Injury-Illness/Incident Information

Date of injury-illness/incident: _____ **Time:** _____ ☐ AM or ☐ PM

Specific location of injury-illness/incident: Building: _____ **Room:** _____

Other: _____

Injuries/Damages Sustained: ☐ YES or ☐ NO **Please describe:** _____

Medical Attention Required: ☐ YES or ☐ NO **Please describe:** _____

Cost or estimate to repair/replace damaged items: _____ **Date first reported:** _____

Description of injury-illness/incident: _____

_____

_____

Section C: Injury-Illness/Incident Witness Information

Name: _____ **Phone #:** _____
(PRINT - First Name, Middle Initial, Last Name)

Address: _____
(Street Address, City, Zip Code, County)

Witness description of injury-illness/incident: _____

_____

_____

Witness Signature: _____ **Date Completed:** _____

Section D: Refusal of Medical Treatment (If Applicable)

I, (PRINT - First Name, Middle Initial, Last Name) _____ acknowledge & understand that by signing this document that I am refusing medical treatment associated with the injury-illness/incident which has been reported above. I personally assume the risks and consequences of my refusal and release Westmoreland County Community College and its representatives from any and all liability for ill effects which may result from my refusal to consent to medical treatment.

Signature: _____ **Date:** _____

Witness Name: _____ **Witness Status:** ☐Employee ☐NCOA/AAA ☐Security ☐Student ☐Visitor ☐Vendor
(PRINT - First Name, Middle Initial, Last Name)

Witness Signature: _____ **Date:** _____

THE FOLLOWING IS TO BE COMPLETED BY COLLEGE PERSONNEL ONLY

Section E: Facilities

Date Director/Facilities Operations & Construction notified: _____ **Time Notified:** _____ ☐ **AM or** ☐ **PM**

Date administrative employee notified: _____ **Time Notified:** _____ ☐ **AM or** ☐ **PM**

Security notified: ☐ **Yes or** ☐ **No** **Police notified:** ☐ **Yes or** ☐ **No**

Follow-up action taken: _____

Section F: Complete if College Employee ONLY, if injury or illness involved

Department/Division: _____ **Supervisor:** _____

Position Title: _____ **Original date of hire:** _____

Primary location of employment: _____

Regular work schedule: _____ **# of hours worked/week:** _____

Lost time due to injury-illness/incident? _____ **Last day worked:** _____ **Date disability began:** _____

Marital Status: ☐ **Single** ☐ **Married** ☐ **Divorced** ☐ **Widowed** ☐ **Unknown**

Section G: Supervisor Information

Supervisor Name: _____ **Position Title:** _____

Date notified of injury-illness/incident: _____ **Time notified:** _____ ☐ **AM or** ☐ **PM**

Recommendation to prevent similar injury-illness/incident in the future: _____

Section H: Safety Committee Review

Date Safety Committee reviewed injury-illness/incident: _____

Recommendation to prevent similar injury-illness/incident in the future: _____

Section I: Additional Comments

For Human Resources Use Only:

For Employee Injury or Illness Reporting:

☐ **Record Only** ☐ **Medical Only** ☐ **Lost Time** ☐ **Fatality**

Reviewed By: _____ **Date:** _____

cc:

☐ **Director/Facilities Operations & Construction**

☐ **Vice President/Academic Affairs**

☐ **Vice President/Administrative Services**

☐ **Vice President/Continuing Education, Workforce & Community Development**

☐ **Vice President/Enrollment Management**

☐ **Coordinator/Security**

☐ **Park Police**