

# Yavapai College 1100 E SHELDON ST, PRESCOTT, AZ 86301 Accident/Incident Form

|   |                      |   |
|---|----------------------|---|
| <b>SECTION I – PERSONAL INFORMATION</b>   |                      | Today's Date _____  |
| <b>ARE YOU EMPLOYED BY YAVAPAI COLLEGE?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO If YES – <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> STUDENT EMPLOYEE<br><b>IF YOU ARE NOT EMPLOYED BY YAVAPAI COLLEGE, WHAT IS YOUR STATUS?</b> <input type="checkbox"/> STUDENT ONLY <input type="checkbox"/> VISITOR <input type="checkbox"/> VOLUNTEER <input type="checkbox"/> OTHER |                      |   |
| LAST NAME: _____  |                      | FIRST NAME: _____ MI: _____   |
| ADDRESS (STREET, PO Box, CITY, STATE, ZIP) _____  |                      |   |
| SS#: _____  | DATE OF BIRTH: _____ | HOME PHONE: _____   |
| EMERGENCY CONTACT INFORMATION<br>NAME: _____  |                      | PHONE: _____  |
| <b>SECTION II – EMPLOYEE INFORMATION</b>  |                      |   |
| NORMAL WORKING HOURS: _____ <input type="checkbox"/> AM <input type="checkbox"/> PM TO _____ <input type="checkbox"/> AM <input type="checkbox"/> PM  |                      | NUMBER OF DAYS PER WEEK USUALLY WORKED: _____   |
| EMPLOYEE DEPARTMENT: _____  |                      | WORK PHONE: _____   |
| <b>SECTION III – ACCIDENT/INCIDENT INFORMATION</b>  |                      |   |
| DATE OF ACCIDENT/INCIDENT: _____  |                      | TIME OF ACCIDENT/INCIDENT: <input type="checkbox"/> _____ AM <input type="checkbox"/> _____ PM    |
| DID THIS HAPPEN: <input type="checkbox"/> COMING INTO WORK <input type="checkbox"/> DURING WORK HOURS <input type="checkbox"/> LEAVING WORK <input type="checkbox"/> OTHER _____  |                      |   |
| LOCATION OF ACCIDENT/INCIDENT: _____  |                      |   |
| WHICH CAMPUS: <input type="checkbox"/> CHINO VALLEY <input type="checkbox"/> CTEC <input type="checkbox"/> PRESCOTT <input type="checkbox"/> PRESCOTT VALLEY <input type="checkbox"/> SEDONA <input type="checkbox"/> VERDE VALLEY <input type="checkbox"/> OTHER   |                      |   |
| DID INJURED PERSON SEEK MEDICAL ATTENTION: <input type="checkbox"/> YES <input type="checkbox"/> NO   |                      | DID INJURED PERSON GO TO EMERGENCY ROOM: <input type="checkbox"/> YES <input type="checkbox"/> NO |
| WHERE DID INJURED PERSON SEEK MEDICAL ATTENTION – PROVIDE NAME AND ADDRESS OF PHYSICIAN OR OTHER HEALTH CARE PROFESSIONAL<br>_____<br>_____   |                      |   |
| IF HOSPITALIZED, HOSPITAL NAME: _____   |                      |   |
| TYPE OF ACCIDENT/INCIDENT: _____  |                      | PART OF BODY INJURED: _____<br><input type="checkbox"/> RIGHT <input type="checkbox"/> LEFT       |
| Describe what happened (use back of sheet for additional information):<br><br><br><br><br>  |                      |   |
| WITNESS TO ACCIDENT/INCIDENT: _____   |                      | PHONE: _____  |
| WEATHER CONDITIONS AT TIME OF ACCIDENT/INCIDENT: _____  |                      |   |
| ACCIDENT/INCIDENT RELATED TO: <input type="checkbox"/> FLOORING/SURFACE <input type="checkbox"/> LIQUID/VAPORS <input type="checkbox"/> WEATHER/NATURE <input type="checkbox"/> OTHER _____   |                      |   |
| SIGNED BY: INJURED PERSON'S SIGNATURE (PRINT & SIGN): _____   |                      | DATE: _____   |
| SIGNED BY: SUPERVISOR'S SIGNATURE: (PRINT & SIGN) _____   |                      | DATE: _____   |
| WAS COLLEGE POLICE CALLED TO THIS ACCIDENT/INCIDENT: _____ YES _____ NO   |                      |   |
| <b><u>If Employee or Volunteer is injured, send form directly to HUMAN RESOURCES</u></b>  |                      |   |
| <b><u>If Student or Visitor is injured, send form directly to COLLEGE POLICE</u></b>  |                      |   |