

## ACCIDENT/INCIDENT REPORT FORM

<b>SECTION I – PERSONAL INFORMATION OF INJURED</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 <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 NAME:		PHONE:
<b>SECTION II – EMPLOYEE INFORMATION (IF APPLICABLE)</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:	POSITION:	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		
IF HOSPITALIZED, HOSPITAL NAME: _____		
TYPE OF ACCIDENT/INCIDENT: _____		PART OF BODY INJURED: _____ <input type="checkbox"/> RIGHT <input type="checkbox"/> LEFT
Describe what happened (use back of sheet for additional information):		
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: _____
<b>WAS COLLEGE POLICE CALLED TO THIS ACCIDENT/INCIDENT: <input type="checkbox"/> Yes <input type="checkbox"/> No</b>		
<b>If Employee or Volunteer is injured, send form directly to HUMAN RESOURCES If Student or Visitor is injured, send form directly to COLLEGE POLICE</b>		