



## STUDENT **INJURY/ILLNESS** REPORT

|  |          |   |          |
|--|----------|---|----------|
| Name   |          | Phone   |          |
| Instructor   |          | Phone   |          |
| Department   |          |   |          |
| Date of Injury/Illness   |          | Time of Incident <span style="float: right;">a.m./p.m.</span> |          |
| Injury/Illness description (describe in full detail who, what, how, where, etc.) |          |   |          |
|  |          |   |          |
|  |          |   |          |
|  |          |   |          |
|  |          |   |          |
| Witness(es)  |          |   |          |
| Witness(es) Contact information:   |          |   |          |
| Returned to school   | yes   no | Sent home   | yes   no |
|  |          | Went home   | yes   no |
| Emergency Room   |          | yes   no  |          |
| Admitted to hospital   | yes   no | Time loss expected   yes   no                                 |          |
| Name of Physician/Hospital   |          |   | Phone    |
| Any similar previous injury/illness?   yes   no   If yes, explain:               |          |   |          |
|  |          |   |          |
| Was Injury/Illness by unsafe act or condition?   yes   no   If yes, explain:     |          |   |          |
|  |          |   |          |
|  |          |   |          |
| What could be done to correct this?  |          |   |          |
|  |          |   |          |
|  |          |   |          |
| Student Signature  |          |   |          |
| Date   |          |   |          |

|   |                 |              |            |            |                  |
|---|-----------------|--------------|------------|------------|------------------|
| <b>FOR COLLEGE OPERATIONS OFFICE USE ONLY</b> |                 |              |            |            |                  |
| Facilities/Operations                         | Human Resources | Risk Manager | Supervisor | Instructor | Student Services |

When completed sign and make a copy for your records and turn the original in to the Facilities and Operations office.



## INSTRUCTOR **INJURY/ILLNESS** INVESTIGATION

|  |                        |
|--|------------------------|
| Instructor   | Date of Report         |
| Student  | Date of Injury/Illness |
| Reported by  | Reported to            |
| Severity (circle all that apply)    First Aid / Medical / Ambulance Called / Lost Time / Fatality / Damage |                        |
| Injury/Illness description (describe in full detail what, how, where, when, etc.)                          |                        |
|  |                        |
|  |                        |
| Is this the same as the student description?    yes    no  |                        |
| If different than student description, please explain:   |                        |
|  |                        |
|  |                        |
| Did hospital admission occur?    yes    no   |                        |
| If so, include name and phone number of hospital:  |                        |
|  |                        |
| In your opinion was this Injury/Illness avoidable? If yes, please explain:                                 |                        |
|  |                        |
| What do you think could be done to prevent a similar Injury/Illness?                                       |                        |
|  |                        |
| Are there any pre-existing conditions that may have caused the Injury/Illness? If so, explain:             |                        |
|  |                        |
|  |                        |
| Additional comments:   |                        |
|  |                        |
|  |                        |
| Instructor Signature   | Date                   |

|   |                 |              |            |            |                  |
|---|-----------------|--------------|------------|------------|------------------|
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