

**INJURED PERSON [fills out this section]**

\_\_\_\_\_  
 Last Name                      First                      Middle                      SSN (last 4 digits)                      Today's Date

\_\_\_\_\_  
 Street                      City                      State                      Zip

Phone # (\_\_\_\_\_) \_\_\_\_\_ Birth Date: \_\_\_\_\_ Employee's Email: \_\_\_\_\_

Check One:     Student     Short Term     Employee     Public     Child Care

Position/Title: \_\_\_\_\_ Hire / Start Date: \_\_\_\_\_ Hourly Rate: \_\_\_\_\_

Average Hours Worked/Daily: \_\_\_\_\_ Average Days Worked/Week \_\_\_\_\_ Average Total Hours Worked/Week \_\_\_\_\_

**Location of Incident:** WV\_\_\_ MC\_\_\_ Other\_\_\_ Building/Room \_\_\_\_\_ (Other location, please describe or attach maps)

Date of Incident: \_\_\_\_\_ Time: \_\_\_\_\_ Time Employee Started Work on Incident Date: \_\_\_\_\_

For accidents in class or lab activities:

\_\_\_\_\_  
 Instructor Name                      Course name

\_\_\_\_\_  
 Other Witness/es Name(s)                      Phone No.

Injured Party: Please describe how accident/injury/incident occurred, and be specific:

\_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 Print name of Injured Person                      Signature of Injured Person                      Date

**COLLEGE PERSONNEL [only college personnel may fill out the following information]**

Describe part of body affected, condition/ injuries (do not diagnose) \_\_\_\_\_

\_\_\_\_\_  
 First Aid/ Treatment given \_\_\_\_\_

Referred to (check one):     Emergency Facility     MD     Home     Worker's Comp Clinic     Other \_\_\_\_\_

Follow-up plans (if applicable) \_\_\_\_\_

Insurance (check one):     Student Accident Insurance     Worker's Comp.     Kaiser     Medi-Cal     Other \_\_\_\_\_

Was Accident Insurance information given to student:     Yes     No    (If insurance needed, contact Student Health Services)

Did injured person's blood or body fluid come in contact with student or staff?     Yes     No

If yes who \_\_\_\_\_ Phone # \_\_\_\_\_  
 (Print Name)                      (Last 4 digits)

Did injured person's blood or body fluid come in contact with any surface or equipment?     Yes     No

If yes, who decontaminated area, and how? \_\_\_\_\_

**Employee accidents/ blood exposure must be reported immediately to: HR @ 408 741-2128 and FAX INCIDENT REPORT to #: 408-867-9059**

\_\_\_\_\_  
 Signature of College Personnel filling out form                      Department                      Date

## INSTRUCTIONS TO STAFF COMPLETING ACCIDENT/ INJURY/ INCIDENT REPORT

1. **TOP SECTION:** Collect all identifying information about student, employee, or public involved with accident/ injury/ incident. Have injured person complete the “INJURED PERSON” section, if possible. Make certain to put any instructor/ witness names on the form. Complete in ink.
2. **BOTTOM SECTION:** Complete the “COLLEGE PERSONNEL” section. Report any first-aid given and follow-up needed.
3. This completed report form should be sent immediately to Student Health Services and a copy to injured person’s Supervisor. Health Services will distribute copies to other college personnel as deemed appropriate.
4. **Student injuries:** The Incident Report is kept separate from student’s academic records. This report is considered confidential.

**IMPORTANT:** *If immediate corrective action needs to be taken at the location of the incident, inform appropriate personnel IMMEDIATELY and indicate your contact on the top of form. Some possible corrective actions are:*

Corrective Action	Department to Contact	Phone Numbers
Facility repair - electrical, plumbing, building, etc. Blood or body fluid clean-up	Facilities After 5 p.m. Duty Administrator	(408) 741-2050 or ext. 2050 After 5 p.m. WVC – 408- 593-2086 Mission – 408 -590-2657
Building security Hazardous materials spill	WVMCCD Police	County Communication 408-299-2311 Request District Police

Additional Information describing accident or first aid treatment:

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***If the injury/illness is a serious medical emergency, call 911.***

- If medical treatment is needed, you will be directed to one of the following clinics upon initial report of injury.

<b>US HealthWorks</b>	<b>Alliance Occupational Medicine</b>
10050 Bubb Road	2737 Walsh Avenue
Cupertino, CA 95014	Santa Clara, CA 95051
(408) 996-8805	(408) 228-8400
M - F 8:00 – 7:00; Sat. 9:00 – 4:00	M – F 7:00 – 7:00