# Hocking College Accident / Health Incident Report

(Please complete all sections and send all copies to *Human Resources* within 24 hours of the accident. Copies of this report may be sent to the person's Direct Supervisor, the Department Director, the Campus Safety, the Fiscal Office & Student Affairs Administrator)

Name: Last First M

Local Address City State Zip

Permanent Address Phone

City State Zip

Sex: [ ] Male [ ] Female Date of Birth_____

Employee/Student ID#_____

**Nature of Injury**

[ ] Abrasion [ ] Fracture [ ] Scratches
[ ] Amputation [ ] Illness [ ] Seizure
[ ] Bruise [ ] Inhalation [ ] Sting-Insect
[ ] Burn [ ] Laceration [ ] Sprain
[ ] Cut [ ] Puncture

**Injured Body Part** [ ] Right [ ] Left

[ ] Ankle [ ] Face [ ] Knee
[ ] Arm [ ] Finger [ ] Leg
[ ] Back [ ] Foot [ ] Nose
[ ] Elbow [ ] Hand [ ] Scalp
[ ] Eye [ ] Head [ ] Tooth
[ ] Wrist

**Other:**_____

**Circumstances / Conditions**

[ ] Fall [ ] Inadequate Guards / Protection
[ ] Weather [ ] Inadequate Ventilation
[ ] Improper Lifting [ ] Inadequate Illumination
[ ] Horseplay [ ] Participation in Athletics
[ ] Struck by Object [ ] Using Equipment Improperly
[ ] Alcohol / Drug Use

**Other:**_____

**Treatment:** What Immediate Action Was Taken?

Did the person require medical treatment? [ ] Yes [ ] No

Was the person sent home? [ ] Yes [ ] No

Was the person referred to a physician? [ ] Yes [ ] No

Name of Physician:_____

Was First Aid treatment provided: [ ] Yes [ ] No

If yes, by whom?_____

Did person go to a hospital? [ ] Yes [ ] No
If yes, where_____
Who transported?_____

Did the person refuse recommended medical treatment?
[ ] Yes [ ] No

Copies Routed to: Originals to Human Resource for distribution

Reviewed by:_____
Date:_____

Date of Accident:_____

Time of Accident:_____ [ ] AM [ ] PM

Location of Accident:_____

Status: [ ] Student [ ] Student Employee, Dept:_____

[ ] Staff. Dept.:_____

[ ] Visitor, Activity:_____

Environmental Conditions: [ ] Rain [ ] Snow [ ] Ice

Other, specify:_____

Name of Instructor/Supervisor in Charge and Department:

_____

Please describe the incident/injury in detail. Include how or why the injury occurred and specify the injury that resulted. Please print. Attach other sheets if needed.

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Signature of Person Completing Report:_____

_____

Incident / Injured Persons Signature:_____

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