# West Shore Community College
## EMPLOYEE INJURY / INCIDENT REPORT

<table>
<thead>
<tr>
<th>Employee Name</th>
<th>Injury Date</th>
<th>Date Reported</th>
</tr>
</thead>
<tbody>
<tr>
<td>4. Street Address</td>
<td>Time of Injury</td>
<td>Exact Location</td>
</tr>
<tr>
<td>7. City</td>
<td>Phone Number</td>
<td>Social Security Number</td>
</tr>
<tr>
<td>10. State</td>
<td>ZIP</td>
<td>Date of Hire</td>
</tr>
<tr>
<td>11. ZIP</td>
<td>Date of Birth</td>
<td></td>
</tr>
</tbody>
</table>

### 14. Describe incident specifically
(What you were doing, location, condition of area, objects, equipment, personal protection equipment, & persons involved)

#### Witness(es):

<table>
<thead>
<tr>
<th>Name</th>
<th>15a. Phone Number</th>
<th>15b. Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>16. Name</td>
<td>16a. Phone Number</td>
<td>16b. Address</td>
</tr>
<tr>
<td>17. Name</td>
<td>17a. Phone Number</td>
<td>17b. Address</td>
</tr>
</tbody>
</table>

### 18. Incident / Injury Type (Must select one)

- Acid/Chemicals
- Allergic Reaction
- Bruise/contusion
- Burn/scald
- Cut/laceration/abrasion
- Exposure to Blood/body fluids
- Exposure to Communicable disease
- Fracture/break/dislocation
- Hernia
- Infection symptoms

### 19. Part of Body (Include ALL Affected body parts)

- Abdomen
- Hand/finger
- Ankle
- Arm
- Back
- Buttocks
- Cardiovascular/heart
- Chest
- Ear
- Elbow
- Entire Body
- Eye
- Foot/toes
- Groin
- Hip/pelvis
- Head/face
- Knee
- Leg
- Lungs/pulmonary
- Neck
- Nose
- Shoulder
- Wrist

### 20. ACCIDENT CAUSE (Must select one)

- Burn or Scald – Chemical Contact
- Burn or Scald – Electrical Contact
- Burn or Scald – Temperature Contact
- Caught in, under or between
- Cut/Puncture/Scrape
- Needlestick
- Fall, Slip, or Trip – same level
- Fall, Slip, or Trip – different level
- Motor Vehicle
- Bending
- Pushing or Pulling
- Faint/Pass Out
- Infectious Disease
- Lifting
- Explosion or Flare Back
- Falling or Flying Object
- Struck by/against
- Other

### 21. Lost Work Time?

- No
- Yes

### 22. If so, date last worked

### 23. Date returned to work:

- Light Duty
- Regular Duty

### 24. Initial Medical Treatment

- None Required
- Refused
- First Aid Only
- Physician/Clinic
- ER

**SUGGESTIONS OR ACTIONS TAKEN TO PREVENT REOCURRENCE**

Submitted By:  
Date:  

**Return completed form to Debbie Campbell or Jessica Keith in Human Resources**