



DISTRICT RISK MANAGEMENT INCIDENT REPORT – STUDENT/VISITOR

Instructions: The District employee who witnessed or was involved in the accident/incident involving a student or visitor shall complete this form. Submit this completed form to your direct supervisor **within 24 hours** of the incident.

In case of serious injury, call Campus Police if on campus or 9-1-1 for emergency medical assistance, and report the incident to District Risk Management at (949) 348-6043 or riskmanagement@socccd.edu. If a student sustained a non-life-threatening injury/illness and wishes to seek medical attention, then s/he may seek medical attention at the college Student Health Center or from their primary care physician. Visitors may be referred to their primary care physician. Take immediate corrective action to prevent recurrence of incident (i.e. remove hazard, post wet floor signs, submit FMO Work Order).

EMPLOYEE PREPARING REPORT (ALL FIELDS REQUIRED)						
Employee Name					Employee ID#	
Work Site <i>(Check One)</i>	<input type="checkbox"/> ATEP <input type="checkbox"/> District <input type="checkbox"/> IVC <input type="checkbox"/> SC			Division / Department		
Email					Phone/Ext.	
Did the incident result in an injury to the employee preparing this report?	<input type="checkbox"/> No <input type="checkbox"/> Yes – Complete FS#38 <i>Employee Report of Accident/Incident</i> within 24 hours of incident. If you wish to seek medical attention, notify your direct supervisor immediately and complete a District Workers' Compensation Packet (available on District SharePoint)					
INCIDENT INFORMATION (ALL FIELDS REQUIRED)						
Date of Incident		Time of Incident	<input type="checkbox"/> AM <input type="checkbox"/> PM		Location of Incident	<input type="checkbox"/> ATEP <input type="checkbox"/> District <input type="checkbox"/> IVC <input type="checkbox"/> SC <input type="checkbox"/> Other: _____
Specific Location <i>(Address, Bldg/Rm.#)</i>						
Describe location of the incident. Check all that apply:						
<input type="checkbox"/> Indoors <input type="checkbox"/> Outdoors <input type="checkbox"/> Concrete/paved area <input type="checkbox"/> Dirt/lawn area <input type="checkbox"/> Classroom <input type="checkbox"/> Conference/meeting room <input type="checkbox"/> Laboratory <input type="checkbox"/> Office space <input type="checkbox"/> Workshop/Prep Area <input type="checkbox"/> Other: _____						
Conditions at time of incident. Check all that apply:						
Lighting – <input type="checkbox"/> Natural <input type="checkbox"/> Artificial <input type="checkbox"/> Well lit <input type="checkbox"/> Moderately lit <input type="checkbox"/> Dimly lit <input type="checkbox"/> Other: _____						
Walking Surface – <input type="checkbox"/> Dry <input type="checkbox"/> Wet <input type="checkbox"/> In good condition <input type="checkbox"/> In need of repair, specify: _____						
Weather – <input type="checkbox"/> Sunny <input type="checkbox"/> Cloudy <input type="checkbox"/> Rainy <input type="checkbox"/> Windy <input type="checkbox"/> Snowy <input type="checkbox"/> Cold (<65°C) <input type="checkbox"/> Hot (>80°C)						
Date Reported		Student Health Center Called?	<input type="checkbox"/> No <input type="checkbox"/> Yes	911 or Campus Police Called?	<input type="checkbox"/> No <input type="checkbox"/> Yes	Reporting Officer
Name of students/visitors involved in incident (Give full legal name & student ID#):						
Specific activity the student/visitor was performing when the incident occurred (e.g., Student mixing chemicals per experiment directions):						
How did the incident occur? Describe the sequence of events and specify the object or exposure, which directly caused the incident. (e.g., Visitor stepped back to inspect poster and tripped on staple gun. As he fell, he brushed against the display board and got splinters in his hand.):						

Equipment, materials & chemicals in use when the incident occurred (e.g., Hand-held stapler, scaffold, file cabinets, sodium hydroxide);
Specify Personal Protective Equipment in use at time of incident (e.g., goggles, gloves, hard hat, lab coat):

Apparent nature of property damage and/or injury (e.g., Chain-link fence damaged; student exposed to hazardous chemical)

What do you recommend for preventing this type of incident? (Provide specific preventative measures that can be taken by employer or employees. e.g., wear safety gloves whenever performing this task):

INJURY/ILLNESS REPORTING (ALL APPLICABLE FIELDS REQUIRED)

Were any students/visitors injured in this incident? No Yes – Give name & contact information below:

Name of injured person		Type of person	<input type="checkbox"/> Visitor <input type="checkbox"/> Student, ID# _____
Address of injured person		Phone	
Email		If injured person is a minor, name & phone of Parent/legal guardian	

Did the injured person receive emergency medical attention at the time of injury? No Yes, provide first responder's information

If the injured person left campus, s/he released to Fire Dept./ Ambulance Individual/Other (Give name/relationship):

WITNESSES (IF NEEDED, ATTACH A LIST OF ADDITIONAL WITNESSES)

Witness Name (Full Legal)		Email/Phone	
Witness Name (Full Legal)		Email/Phone	

EMPLOYEE PREPARING REPORT SIGNATURE (ALL FIELDS REQUIRED)

By signing below, I declare under penalty of perjury that the foregoing is true and correct.

Employee's Signature		Date	
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THIS SECTION TO BE COMPLETED BY AREA ADMINISTRATOR/MANAGER

Supervisor will review this incident form and ensure any exposures or hazards are addressed ASAP, and ensure copies of completed forms are sent to the appropriate college/District offices as outlined in Distribution List provided below within 24 hours of incident or knowledge of incident.

Administrator/Manager (Name & Title)		Ext.	
Administrator/Manager Signature		Date	

DISTRIBUTION LIST (SUPERVISOR TO PROVIDE COPIES AS FOLLOWS, BASED ON INCIDENT TYPE)

Crime/Conduct	VP Student Services, Campus Police Chief, Risk Manager
District Property loss/theft/damage	VP College Administrative Services, Campus Police Chief, Risk Manager
Student injury/illness	VP Student Services, Campus Police Chief, Risk Manager, Student Health Center Director
Miscellaneous	Campus Police Chief, Risk Manager

* Need Help? Contact Risk Management at riskmanagement@socccd.edu or (949) 348-6043 or (949) 348-6065.