

BARTON COMMUNITY COLLEGE INCIDENT¹/ACCIDENT REPORT FORM

This report is to be completed for every incident/accident. Injured person must complete applicable sections and forward to the appropriate college official within 24 hours of the incident/accident. BCC employees return completed form to the Office of Human Resources. All others return completed form to the Business Office.

Injured	Part 1: Personal Identification		Group
	Name (Last, First, Mi)		<input type="checkbox"/> Employee <input type="checkbox"/> Student <input type="checkbox"/> Visitor
	Home Address (Address, City, St, Zip)		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
	Home Phone	Work Phone	Date of Birth
	If minor, Name of Parent or Guardian	Address (Address, City, St, Zip)	Phone Number
	Part 2: Incident/Accident Description		
	Date of Incident/Accident	Location of Incident/Accident (street address, building name, room number)	
	Time of Incident/Accident _____ <input type="checkbox"/> AM <input type="checkbox"/> PM	Premises & Location of Incident/Accident-If accident occurred on campus, please mark location on map (page#3)	On college premises? <input type="checkbox"/> Yes <input type="checkbox"/> No
	How did accident occur?		
	What was individual doing when injured?		
Name substance or object that directly caused injury.			
Describe in detail the nature and extent of the injury, indicate part of body involved.			
Admitted to hospital? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date Admitted	Treated by emergency room only? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Hospital name and address:		Name and address of attending physician or clinic:	
Did an exposure incident ² occur? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain.			
Signature		Date	
Witness	How did the incident/accident occur? (words of a witness)		
	Signature of Witness		Date

(If employee, please turn over to complete the employee and supervisor sections)

¹ An incident is a non-injury accident or event which did not result in immediate medical attention but could result in a future claim.

² An exposure incident occurs when blood comes in contact with mucous membrane or non-intact skin.

BARTON COMMUNITY COLLEGE INCIDENT³/ACCIDENT REPORT FORM Continued.....

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Part 3: Employee Section		Group
Date of Birth	Social Security Number	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Employee	If applicable, rank on a scale of 1-5 the factors that could be improved to help prevent this incident/accident. With 1 being the factor needing the most improvement.	
	Training _____ Communication _____ Policies/Procedures _____ Inspections _____ Other _____	
	If applicable, specifically indicate what actions/measures are needed to improve the areas ranked above:	
	If equipment was involved in the incident/accident, was it equipped with guards? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
	If "yes" to the above question, were the guards in place? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Were they properly adjusted? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Were the guards in good condition? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	In your opinion, does the work procedure need to be changed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> N/A	
	Is there a better way of doing the job involved in the incident/accident? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> N/A If yes, please specify:	
Supervisor	If applicable, rank on a scale of 1-5 the factors that could be improved to help prevent this incident/accident. With 1 being the factor needing the most improvement.	
	Training _____ Communication _____ Policies/Procedures _____ Inspections _____ Other _____	
	If applicable, specifically indicate what actions/measures are needed to improved the areas ranked above:	
	If equipment was involved in the incident/accident, was it equipped with guards? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
	If "yes" to the above question, were the guards in place? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Were they properly adjusted? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Were the guards in good condition? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	In your opinion, does the work procedure need to be changed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> N/A	
	Is there a better way of doing the job involved in the incident/accident? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> N/A If yes, please specify:	
	What immediate action has been taken to prevent the recurrence of a similar incident/accident?	
Signature of Supervisor ⁴	Date	

HR/Business Office 4-30-10

³ An incident is a non-injury accident or event which did not result in immediate medical attention but could result in a future claim.

⁴ Signature indicates supervisor has interviewed the injured and witness, and has reviewed the incident/accident site.

