SANTA ROSA JUNIOR COLLEGE

INCIDENT REPORT - See reverse for directions on how to complete form

Type of Incident: ☐ **Property Damage**   ☐ **Illness/Injury**   ☐ **Near Miss**

Name of Injured: Last, _____ **First,** _____ **SSN/SIN (last 4#s):** _____ **DOB:** _____

Address: _____ **City:** _____

State: _____   **Zip Code:** _____ **Phone: (   )** _____

Is Injured Person a: ☐ **Student**   ☐ **Employee***   ☐ **Visitor**   ☐ **Child at Children's Center**

Program Affiliation: ☐ **Health Sciences***   ☐ **Public Safety**   ☐ **SRT**   ☐ **Athletics**   ☐ **KAD**   ☐ **Other** _____

EXPLAIN THE INCIDENT:

Date: _____   **Time:** _____   **Place:** _____
                                   (Be specific: building, room number, street…)

Describe in detail what happened: _____
_____
_____

Did incident occur during class? Yes ☐   No ☐

If yes, list course Title/Section #: _____ **Name of Instructor/Supervisor** _____

Witnesses (if any):
_____
                    (Names and addresses or phone where we can contact them)

DESCRIBE ILLNESS/INJURY (e.g., body part injured):
_____
_____

DESCRIBE ACTION TAKEN: **First Aid Provided? Yes ☐   No ☐   Explain** _____
_____
(where, when and by whom)

Referred to: _____   **Transported to:** _____

What other college departments/personnel (if any) have been notified? _____

_____
District Representative (Please sign and date)   **Date:**   **Injured Person** (Please sign and date)   **Date:**

Print Name: _____   **Print Name:** _____

Below For Student Health Services Use Only

COMMENTS: ☐ **Seen in SHS**   ☐ **Referred from SHS to outside provider**

SAI _____ HR _____ District Police _____ Fin & Admin Svcs. _____ EH&S _____
(Date filed or sent)   *(Date)*   *(Date)*   *(Date)*   *(Date)*

HOW TO COMPLETE AN INCIDENT REPORT

Type of Incident: Check appropriate box to indicate whether incident involves property damage only, an illness or injury, or a near miss:

- **Property Damage** occurs when property is damaged by the district or someone damages district property, e.g., a campus tree branch falls on a car and scratches the hood, etc.
- The **Illness/Injury** box should be checked if someone is injured or becomes ill while on district property or at a district-sponsored event, e.g., pain in the knee during an athletic event, or becoming unconscious while in class or at work.
- The **Near Miss** box should be checked in the event of a near miss on district property, e.g., someone slips on a wet surface but does not fall and is not injured. Multiple boxes may be checked if an incident involves both property damage and injury or illness, e.g., an accident while driving a district vehicle that causes injury.

Injured Person: Please complete the full name of the person who is injured, the last 4 digits of their Social Security Number (SSN) or Student Identification Number (SIN), birthdate (DOB), full mailing address and current telephone number with area code.

Is Injured Person a(n): Please check a box to indicate whether the injured person is a Student, Employee, Visitor, or Child at the Children's Center:

- **Student** – A person who is currently enrolled in a credit or non-credit course at SRJC.
- **Employee** (for incident reporting purposes) – A person who works for the District, e.g., Faculty, Classified Staff, Management, STNCs, Professional Experts, Student Employees, Interns, Volunteers, etc. ***Important notes: If a Student is injured in their capacity as a Student Employee (while at work), the Employee box should be checked. If a Student is injured while attending a class (not working), the Student box should be checked.**

Program Affiliation: Check a box to indicate the appropriate association of the Illness/Injury. Please see examples below:

- **Health Sciences** – Any of the health related sciences, i.e. Nursing Program, Dental Program, etc.
  *Important notes: If a Student is injured in class, e.g., a dirty needle stick during phlebotomy practice, they can be referred to Student Health Services, the ER, or a doctor of their choice. Health Sciences students injured while in a clinical setting, i.e. visiting patients at an off campus medical facility, should be referred to Kaiser Occupational Health.
- **Public Safety** – A public safety student injury during class, e.g. an injury happens during defensive tactics training (not affiliated with District Police). Please note if the student is employed by an outside agency that is sending them for classes.
- **SRT** – Affiliated with Summer Repertory Theatre.
- **Athletics** – A student athlete is injured during a practice, game or event.
- **KAD** - A student has pain in the knee while working out in an exercise class (non-athlete).

Explain Incident: Fill in date, time and place – BE SPECIFIC, e.g., SRJC Baseball Field, Lark Hall, etc. Use descriptive words and facts to relay what happened. Check the appropriate box as to whether the incident happened during a class. If so, please list the course title/section and the name of the instructor. Include the names of any witnesses, if available.

Describe Injury: Use descriptive words to indicate the nature of the Illness/Injury and affected body part, e.g., "Student cut left index fingertip while slicing onions in class."

Describe Action: Indicate whether First Aid was provided by checking the appropriate box and explaining the action, e.g., "An ice pack was applied to the student's knee" or "First Aid was not provided because the student refused treatment." If the student was referred or transported for medical treatment, please note who/where the student was referred to, e.g. Student Health Services, Athletic Training Room, ER, etc. If the illness/injury is work related, contact Human Resources at (707) 527-4954 regarding the completion of a Supervisor's First Report of Injury.

Required Signatures: A **District Representative** (district employee) must print their name/sign/date the incident report. The Ill/Injured person should also print their name/sign /date, unless incapacitated or otherwise unavailable.

Deadlines: Time is of the essence! The right to file a Student Accident Insurance claim may be lost if the Incident Report is not received in a timely manner. See front of form for filing instructions and routing. For more information, please contact Student Health Services at (707) 527-4445.