ACCIDENT / INJURY / INCIDENT REPORT

Instructions when responding to accidents, incidents and injuries:

1. Call 911 for medical emergencies and immediate life threatening safety, hazardous or security situations and then proceed as described below.

2. Determine:
   - Was someone hurt? Injured persons should be encouraged and/or assisted to receive appropriate care from the provider/s of their choice. The Campus Health Center (CHC) is available to provide initial evaluation and immediate first aid as well as follow-up care as appropriate.
   - Is there a hazard to report? Contact UWS facilities by dialing 211 or (503) 206-3206.
   - Is there a security situation to report? Car break-ins, thefts, and non-immediate suspicious behavior may be reported to campus security by dialing 211 or (503) 206-3206.

PERSON/S INVOLVED: Please write legibly. Complete both sides of this form. Use additional paper, if necessary.

<table>
<thead>
<tr>
<th>NAME</th>
<th>ROLE ON CAMPUS*</th>
<th>ROLE IN INCIDENT</th>
<th>CONTACT PHONE AND EMAIL</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
<td>Phone: Email:</td>
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<td>Phone: Email:</td>
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</tbody>
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*Examples include student, employee, faculty, visitor, etc.

WITNESSES TO THE INCIDENT:

<table>
<thead>
<tr>
<th>NAME</th>
<th>ROLE ON CAMPUS*</th>
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*Examples include student, employee, faculty, visitor, etc.

ACCIDENT / INJURY / INCIDENT INFORMATION/DETAILS:

<table>
<thead>
<tr>
<th>Date and Time of Incident: Date: Time: AM PM</th>
<th>What was/were the referenced individual/s doing at the time the incident occurred?</th>
<th>Exact location of incident (building, room, parking lot, other)?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date and Time Reported: Date: Time: AM PM</td>
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</tr>
<tr>
<td>Nature of Injury/Incident?</td>
<td>Body Part/s Injured?</td>
<td>Photo/s taken? YES NO By:</td>
</tr>
</tbody>
</table>

Weather Conditions (if injury/incident occurred outdoors):
DESCRIPTION OF ACCIDENT / INJURY / INCIDENT: PLEASE WRITE LEGIBLY.

________________________________________________________________________

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CAMPUS SAFETY OFFICER REPORT:

☐ EMS called  ☐ Police called  ☐ Other: ________________________________

LIST SOURCES OF MEDICAL ATTENTION: ________________________________

DESCRIBE IN DETAIL ALL FIRST AID ADMINISTERED: _______________________

________________________________________________________________________

WAS PERSON REFERRED/TRANSPORTED TO A HOSPITAL/MEDICAL FACILITY?  YES  NO

NAME OF FACILITY: ________________________________  PHONE __________________

NAME OF PERSON FILLING OUT THIS REPORT (PLEASE PRINT): _______________________

CONTACT PHONE __________________  EMAIL ADDRESS: ____________________________

Submit Completed Forms As Follows:

All completed forms are to be submitted to the associate VP of operations AND:

• In cases of student injuries/incidents, also provide a copy of the completed form to the office of student services.
• In cases of employee injuries/incidents, also provide a copy of the completed form to the office of human resources.