

Please print the following information:

Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_ G00# \_\_\_\_\_ Birthdate \_\_\_\_\_  
 Street \_\_\_\_\_ [ \_\_\_\_\_ ] \_\_\_\_\_  
 Phone No. \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Check One:** \_\_\_\_\_ Student  
 \_\_\_\_\_ Employee  
 \_\_\_\_\_ Public  
 \_\_\_\_\_ CDC

**INJURED PERSON [fill out this section]**

Location of incident: Building/Room \_\_\_\_\_  
 [Other location, please describe or attach maps] \_\_\_\_\_  
 Date of Incident \_\_\_\_\_ Time \_\_\_\_\_  
 For accidents in class or lab activities:  
 Instructor Name \_\_\_\_\_ Course Name \_\_\_\_\_  
 Other Witness/es Name[s] \_\_\_\_\_ Phone No. \_\_\_\_\_  
 Injured Party: Please describe how accident/injury/incident occurred:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Print Name of Injured Person \_\_\_\_\_ Signature of Injured Person \_\_\_\_\_ Date \_\_\_\_\_

**COLLEGE PERSONNEL [only college personnel may fill out the following information]**

Describe part of body affected, condition/injuries (do not diagnose) \_\_\_\_\_  
 \_\_\_\_\_  
 First Aid/Treatment given (more space on back) \_\_\_\_\_  
 \_\_\_\_\_  
 Referred to (check one): Emergency Facility \_\_\_\_\_ MD \_\_\_\_\_ Home \_\_\_\_\_ Other \_\_\_\_\_  
 Follow-up plans (if applicable) \_\_\_\_\_  
 Insurance (check one): Student Ins. \_\_\_ Worker's Comp. \_\_\_ Kaiser \_\_\_ Medi-Cal \_\_\_ Other \_\_\_  
 Was Accident Insurance information given to student (check one): Yes \_\_\_ No \_\_\_  
 Submit all Athletic injuries to Athletic Trainer. All others submit to Student Health or Administrative Services  
 Did injured person's blood or body fluid come in contact with student or staff? Yes \_\_\_ No \_\_\_  
 If yes, who \_\_\_\_\_ Contact Phone # \_\_\_\_\_  
 Did injured person's blood or body fluid come in contact with any surface or equipment? Yes \_\_\_ No \_\_\_  
 If yes, who decontaminated area and how? \_\_\_\_\_  
**Staff accidents must be reported immediately to: Human Resources 408-848-4753. Report exposure to bodily fluids to Administrative Services at 408-848-4731.**  
 \_\_\_\_\_  
 Signature of College Personnel filling out form. \_\_\_\_\_ Department \_\_\_\_\_ Date \_\_\_\_\_

## INSTRUCTIONS TO STAFF COMPLETING ACCIDENT / INJURY / INCIDENT REPORT

1. Collect all identifying information about student, employee, or public involved with accident/injury/incident. Report anytime that first aid is administered, including distribution of a bandage.
2. Have this person complete the "INJURED PERSON" section if possible. Make certain to put any instructor/witness names on form.
3. Complete the "COLLEGE PERSONNEL" section.
4. This report form should be sent immediately to Student Health Services and a copy to your Department Chair/Supervisor. Health Services will distribute the appropriate college copies to other college personnel. Athletic injuries should be sent to the Athletic Trainer.

**IMPORTANT:** *If immediate corrective action needs to be taken at the location of the incident, then inform the appropriate personnel IMMEDIATELY and indicate your contact information on the top of the form.*

*Some possible corrective actions follow:*

Corrective Action	Department	Phone #
Repairs – electrical, plumbing, building, etc.	Facilities	408-848-4705 <a href="mailto:maintenance@gavilan.edu">maintenance@gavilan.edu</a>
Blood or bodily fluid clean-up	Facilities	408-848-4705 or 408-710-7497
Building security	Security	Ext. 4703 or 408-710-7490
Hazardous material spill	Security	408-710-7490 or Dial "10" on campus phone

Additional Information describing accident or first aid treatment:

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