**Oregon Institute of Technology**

**INCIDENT REPORT**

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| Office of Risk Management – Klamath Falls3201 Campus Drive, Snell Hall 112Klamath Falls, OR 97601Phone: 541-885-1133 | Office of Risk Management – Wilsonville27500 SW Parkway AveWilsonville, OR 97070Phone: 503-821-1277 |

**Instructions:** To be completed **WITHIN 24 HOURS** of an accident, incident or condition and returned to Risk Management at one of the above addresses. This Incident Report **is not** to be used for employee work-related accidents, incidents or conditions. **Complete ALL sections**, do not leave any blanks. Attach additional sheets if necessary to describe this incident.

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| Date of Report \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Incident Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Incident Time \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **Information:** |
| Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last MI FirstAddress: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone or Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gender: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| Affiliation: | [ ]  Student | [ ]  Volunteer | [ ]  Guest/Visitor | [ ]  Vendor/Contractor |

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| **Injury Information:** |
|  **Treatment** [ ]  Received onsite first aid[ ]  Will be seeking medical treatment[ ]  Received medical treatment [ ]  Hospital transport[ ]  Fatality[ ]  No treatment[ ]  Other  **Work Status**  [ ]  Missed work, dates: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [ ]  No missed work **Nature of Injury** [ ]  Burn [ ]  Inflammation/irritation[ ]  Bruise [ ]  Scratches/abrasions[ ]  Cut [ ]  Sprain/strain[ ]  Other Body Part Affected [ ]  Left [ ]  Right [ ]  Both |  **Cause of Injury** [ ]  Burned by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_[ ]  Cut by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_[ ]  Contact with: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [ ]  Struck by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_[ ]  Needle/Sharp Stick: *Complete additional Exposure Incident Report Form*Fall/Slip/Trip [ ]  Different level [ ]  Same level [ ]  Floor condition[ ]  Weather condition [ ]  Over object [ ]  On sidewalk/path [ ]  On stairs **Blood** Was blood present? [ ]  Yes [ ]  NoWas Individual exposed to someone else’s blood? [ ]  Yes [ ]  NoSource of other blood? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Law Enforcement Response** [ ]  Oregon Tech Public Safety[ ]  Police[ ]  Received 1st onsite first aid |

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| 1. **Full Name and Phone Number of any Witnesses:**
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| 1. **What was the Individual’s purpose for being on campus?**
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| 1. **What was the Individual doing and where did the incident occur? Describe the activity. *Be specific*:**

Example: “Leaving College Union through the south double doors.” |
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| 1. **What happened? How did the injury/incident occur? *Be specific*:**

Example: “There was a tear on the carpet; visitor’s shoe got caught on the torn piece of carpet.” |
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| 1. **What was the injury, illness or incident? Describe the part of the body that was affected and how. Be more specific than “hurt” or “sore”.**

Examples: “possible strained lower back”, “possible sprained left ankle”.  |
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| 1. **What object or substance directly caused the injury? If not applicable, indicate “N/A”.**

Examples: “slippery floor caused by water”, “loose bricks on walkway”.  |
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| 1. **Additional Information:**
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| **Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |