**Instructions: Employees, Students and Visitors** of South Puget Sound Community College must use this form to report all injuries, work related exposures\*, property damage, or “near miss” events (which could have caused an injury or exposure) – no matter how minor. This helps us to identify and correct hazards before they cause serious injuries. **This form should be completed by the employee, student or visitor as soon as possible and given to a supervisor or the Security Office for further action.**

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| I am reporting an:  Injury  Work Related Exposure  Property Damage  Near Miss | |
| Name:      Are you a:  Student  Visitor  Employee  Phone: | |
| Employee Job title      Name & Phone of Supervisor: | |
| Have you told your supervisor? Yes  No  Have you notified Security about this incident? Yes  No | |
| Date of incident: | Time of incident: |
| Name of witnesses (if any): | |
| Where, exactly, did it happen? | |
| What were you doing at the time? | |
| Describe step by step what led up to the injury/exposure/property damage/near miss:  (continue on the back if necessary) | |
| What could have been done to prevent this injury/ exposure/property damage/near miss? | |
| What parts of the body were injured? If a near miss, how could you have been hurt? | |
| Did you see a doctor about this injury/exposure?  Yes  No  If yes, name of doctor:       Doctor’s phone number:      ­  Date of doctor visit:      Time of doctor visit: | |
| Has this part of your body been injured before?  Yes  No  If yes, when did it occur?  If this occurred at work, list name of employer: | |
| Your Signature & Date: | Campus Security Signature & Date: |
| Supervisor Signature and Date: | Human Resources Signature & Date: |

\* Work Related Exposure is defined as an event, activity or contact with something that occurs in the work environment that either causes or contributes to the resulting injury or illness. Rev.12.8.21