



Bates Technical College Injury/Accident Reporting Form

Attention: Health and Safety Manager
1101 S. Yakima Ave, Tacoma, WA 98405

Instructions: Any person involved in an accident must complete Part 1 entirely and turn it in to the Health and Safety Manager (with a copy to their supervisor) within **24 hours of accident**. Supervisors must turn in Part 2 within 5 working days.

PART 1: Please check the boxes that apply.

Type of Report: Personal Injury Motor Vehicle Incident Medical Emergency Other: _____

Status: Employee (Staff / Faculty) Student Visitor Other: _____

Name:	Date of Accident: / /
Local Address:	Time of Accident: : <input type="checkbox"/> AM <input type="checkbox"/> PM
	Campus: <input type="checkbox"/> Downtown <input type="checkbox"/> South
Phone (work):	<input type="checkbox"/> Central
Phone (home):	Building/Floor/Room:

Did someone witness the accident?

Witness 1:	Ph:
Witness 2:	Ph:

Witnesses must complete a Witness Statement Form

Describe the accident:

Describe the event leading up to the accident:
How did the accident happen?
Describe the object/exposure/activity/event that inflicted the injury/illness/damage:

Accident Response:

Did you receive medical treatment? No / First Aid / Paramedics / ER / Doctor / Hospitalized
Date/Time of Initial Treatment: / / : AM / PM
Did you miss work? Yes / No If Yes, how much work did you miss?
Are you on doctor-ordered restrictive duty? Yes / No If Yes, for how long?

Injury Information: Please check the boxes that apply.

X	What part of the body is affected?	Left/Right	X	What is the nature of the injury?	X	What were the contributing causes?	X	What were the conditions during the incident?
	Abdomen			Abrasion		Absorption		Carpeted Surface
	Ankle (s)			Bite		Alcohol		Cement Surface
	Arm (s)			Broken		Animal		Confined Space
	Back (lower, middle)			Bruise		Bypassing Safety Device		Design/Arrangement
	Back (upper)			Burn – Chemical/radiation		Caught in/under/between		Distraction
	Buttocks			Burn - Thermal		Collision		Fire
	Chest (includes ribs)			Carpal Tunnel Syndrome		Lack of Communication		Environmental - Dust/Gas/Vapor
	Ear (s) external			Choking		Distracted		Excessive Exposure
	Ear (s) internal			Concussion		Eating		Defective tool/equipment
	Elbow (s)			Cut		Excessive Noise		Grass
	Eye (s)			Dermatitis		Exposure/Contact		Hazardous Material
	Face			Dislocation		Facilities/Equipment		Inadequate Barriers
	Finger			Electric Shock		Horseplay		Inadequate Warning Systems
	Foot			Foreign Body		Lifting/Pushing		Liquid spill
	Groin			Fracture		In a hurry		Obstructions
	Hand (s)			Hearing loss		Inadequate instruction		Pavement
	Head			Heat Injury		Inattention to surroundings		Poor Lighting
	Hip			Heat Stroke		Inhaling/Swallowing		Poor Housekeeping
	Jaw			Irritation/inflammation		Motor Vehicle		Rocks/Gravel
	Knees (s)			Laceration		Overexertion		Slippery surface
	Lips			Multiple Injuries		Poor Housekeeping		Tile Surface
	Neck			Pinch		Poor Lighting		Weather – Fog
	Nose			Pre-existing Condition		Poor Procedures		Weather – Hot
	Respiratory System			Puncture		Repetitive Motion		Weather – Icy
	Shoulder (s)			Repetitive Trauma/Injury		Slip/Trip/Fall		Weather – Rain
	Toe			Scratched		Struck against/by		Weather – Snow
	Tongue			Sliver		Training		Wet Surface
	Tooth			Sting		Unsafe act		
	Wrist (s)			Strain/Sprain		Unsafe equipment		
						Unsafe clothing/shoes		
	Other:			Other:		Other:		Other:
	Not Applicable			Not Applicable		Not applicable		Not applicable

I verify this information is true and correct. I understand my responsibility to turn this completed form into the Health and Safety Manager (with a copy to my supervisor) within **24 hours of accident**.

Signature _____

Date _____

For Official Use Only:

Received by:	Date:
FOR COLLEGE OPERATIONS OFFICE USE ONLY: <input type="checkbox"/> Human Resources <input type="checkbox"/> Safety Manager <input type="checkbox"/> Risk Manager <input type="checkbox"/> Supervisor	
<input type="checkbox"/> Employee	