

**PIERPONT COMMUNITY AND TECHNICAL COLLEGE
OCCUPATIONAL INJURY/ILLNESS/INCIDENT REPORT**

*In order for all claims to be filed correctly, this form must be filled out completely and accurately within 24 hours of injury.
PLEASE CONTACT: Steve leach at 304-367-4851 or Vicki Hedrick at 304-367-4692 prior to placing this form in campus mail.
This will help prevent delays in the reporting process.*

Date Reported _____
Name of Injured _____ Date of Birth _____
Social Security Number _____ Title _____
Department/School _____ Home Telephone # _____
Email Address _____

■ **INJURY/ILLNESS / INCIDENT DETAILS:**

Date of Injury _____ Time of Injury _____ a.m. p.m.
Time Began Work on Date of Injury _____ a.m. p.m.
Stopped Work for Injury (if applicable) Date _____ Time _____ a.m. p.m.
COMPLETE ONE: Date Returned to Work _____ OR No Time Lost

Name(s) of any witnesses to injury/illness _____
Name of person reporting injury/illness _____
Occupational Injury/Illness Report prepared by _____

■ **ACTIVITY PRIOR TO INJURY / ILLNESS / INCIDENT:**

Exact location of accident _____
What was employee doing prior to accident? _____

How did accident occur? _____
Describe any equipment / materials being used at time of injury/illness _____

Was there a malfunction in the equipment? No Yes, explain _____
What unsafe acts or conditions (if any) contributed to this accident? _____
Was safety equipment provided? N/A No Yes
Was safety equipment used? N/A No Yes, type _____

■ **MEDICAL:**

Nature and extent of known injuries. Please be specific. _____

Has first aid been rendered to the employee? No Yes If yes, please describe : _____

Have medical services been rendered to the employee? No Yes If yes, list names and addresses of all doctors, hospitals, medics
or other medical personnel consulted: _____

If medical services were sought at a later date, explain _____

■ **SUPERVISOR'S RECOMMENDATIONS:**

Recommend a permanent solution _____

SUPERVISOR'S NAME (Please print legibly) _____

DATE _____

SUPERVISOR'S SIGNATURE _____

CASE NUMBER _____