

ASHEVILLE-BUNCOMBE TECHNICAL COMMUNITY COLLEGE INJURY REPORT FORM

ALL INCIDENTS MUST BE REPORTED TO A-B TECH POLICE WITHIN 4 HOURS

OCA

INCIDENT		DATE:		TIME
REPORTING PERSON		TITLE		
LOCATION				
INJURED PARTY NAME				
ADDRESS			CITY:	STATE: ZIP:
COLLEGE ID NUMBER	DOB:	RACE	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	PHONE
IS THE INJURED PARTY: <input type="checkbox"/> STUDENT <input type="checkbox"/> STAFF/FACULTY <input type="checkbox"/> VISITOR				
IF STAFF MEMBER		IF STUDENT		
WHAT TIME OF DAY DO THEY BEGIN WORK		WHAT IS THEIR CURRICUM?		
WHAT IS THEIR DATE OF HIRE?				
<input type="checkbox"/> am				
<input type="checkbox"/> pm				

INCIDENT DATA

WHAT WAS THE PERSON DOING JUST BEFORE THE ACCIDENT OCCURRED? Describe the activity as well as the tools, equipment or materials the person was using. Be specific. Example: Carrying materials while climbing a ladder.

WHAT HAPPENED? Tell how the injury occurred. Example: person fell 15 feet to the ground.

WHAT WAS THE INJURY? Tell the part of the body that was affected and how it was affected. Be specific. Example: Landed on left side of arm above elbow and left hip.

WHAT OBJECT OR SURFACE DIRECTLY HARMED THE PERSON? Be specific. Example: Concrete floor.

TREATMENT

WAS FIRST AIDE RENDERED? YES NO

AID GIVEN BY

WAS THE PERSON TREATED IN A MEDICAL FACILITY OR EMERGENCY ROOM? YES NO
TRANSPORTED TO
TRANSPORTED BY

WAS THE PERSON HOSPITALIZED OVERNIGHT AS AN INPATIENT? YES NO

BLOODBORNE PATHOGEN EXPOSURE? YES NO
WERE POST EXPOSURE BLOOD SAMPLES DRAWN? YES NO (SOURCE PATIENT EXPOSURE DETAILS WILL BE RECORDED TO STUDENT)

DID THE PERSON DIE? YES NO
IF THIS PERSON DIED, WHEN DID DEATH OCCUR?

ADDITIONAL DETAILS

SIGNATURE OF FACULTY/STAFF REPORTING INFORMATION: _____ DATE: _____

AUTHORIZATION TO RELEASE INFORMATION

I AUTHORIZE AN HEALTH CARE PROVIDER, INSURANCE COMPANY, EMPLOYER, PERSON OR ORGANIZATION TO RELEASE INFORMATION REGARDING MEDICAL, DENTAL, MENTAL, ALCOHOL OR DRUG ABUSE HISTORY, TREATMENT OR BENEFITS PAYABLE, INCLUDING DISABILITY OR EMPLOYMENT RECORD INFORMATION TO ASHEVI/TTC