Whatcom COMMUNITY COLLEGE

A "serious incident" is any significant happening that is not consistent with the routine and expected operation of the College. It may be an accident, crime, fire, etc.

Incident Report

This form should be completed as soon as possible following an incident and sent to the Vice President for Administrative Services, Laidlaw Center, Room 144 within 24 hours of the incident. NOTE: Suspected crimes and **ALL** cases when the **POLICE** or **911** are called must be reported to the Dean for Administrative Services regardless of the degree of seriousness.

PART I. DESCRIPTION OF INCIDENT

Date of Incident _____ Time of Incident _____ Location of Incident _____

Type of Incident: Accident ☐ Injury ☐ Conduct ☐ Suspected Crime ☐ Other (specify) _____

Was 9-1-1 called? No ☐ Yes ☐ If Yes, which? Police ☐ Fire ☐ Ambulance ☐

Was College property or equipment involved? No ☐ Yes ☐ If Yes, specify: Equipment ☐ Property _____

Was an individual directly involved? _____ No ☐ Yes ☐

(If "Yes," please complete **PART II**)
Describe incident: What happened? Why it happened? What were the causes? What equipment or property was involved? Is an unsafe condition suspected? If injury occurred, please use the diagram on the reverse side of details. PLEASE USE OTHER SIDE IF ADDITIONAL SPACE IS NEEDED.

PART II PERSON INVOLVED (If more than one person involved, use reverse side or additional forms)

Name _____ College Employee ☐ Student ☐ Other (specify) ☐

Address _____ Phone Number/Cell _____

First Aid used? No ☐ Yes ☐ By Whom? _____ Description _____

Taken to physician/health clinic? No ☐ Yes ☐ By Whom? _____

Taken to Hospital? No ☐ Yes ☐ By Whom? _____

PART III WITNESS

Was there a witness? No ☐ Yes ☐ Name of Witness _____

Address _____ Phone Number _____

PART IV OTHER

Name of person completing report _____

Title _____ Date _____

Print

SUPPLEMENTAL INFORMATION: Indicate on diagram the location of any injury and check appropriate box(es).

TYPE OF INJURY

1, Laceration ☐

2. Hematoma ☐

3. Abrasion ☐

4. Burn ☐

5. None Apparent ☐

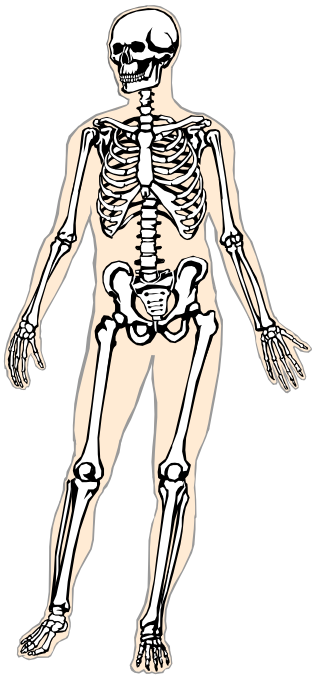
6. Other ☐

Specify

ACCIDENT

1. Fatal ☐

2. Non Fatal ☐



Use the space below to supplement other answers from front side as necessary.