Note: This form does not apply to employees nor does it take the place of the Workers’ Compensation First Report of Injury Form or any other injury report required by the College’s Insurance Company. If this involves a student employee injured in the course of performing work, refer the student employee immediately to Human Resources. Any employee workplace injury must be referred to Human Resources.

Virginia Western Community College
Student/Visitor Incident Report

Date of Incident ___________ Time of Incident ______________ AM or PM
Name (of Injured Party)___________________________________ Empl ID #_____________
Address __________________________ Phone _________________
City _______________________________ Zip _________________
Position (check one)  Student _______ Visitor _________
If a student, identify the class and section number: ________________________________
Location of Incident ___________________________________________________________
If incident occurred during a field trip, give location _________________________________
Describe Incident and Injury:

Was the Campus Police called or was 911 called? (circle one or both)
Was the individual given treatment by emergency personnel? (If Campus Police, provide the responding officer(s) name) ________________________________
Was the individual transported by emergency personnel? _____________________________
If yes, to which medical facility was the person transported? __________________________
Did the individual refuse treatment or transportation by emergency personnel? _______________
If First Aid only was administered, describe what was done, if known.

Was individual wearing personal protective equipment? (goggles, or any other protective equipment where applicable, ex. laboratory sessions) ________________

Faculty Member of Student Involved ______________________________________________ Signature ___________ Date ___________
Division Dean/Director ______________________________________________ Signature ___________ Date ___________
Risk Management Coordinator (Becky Chauncey) ______________________________ Signature ___________ Date ___________

Note: This form must be printed and signed by the individuals indicated above. An additional copy must be provided to the Business Manager so that proper notification to the Division of Risk Management can occur, when warranted.

3/14/11