

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. **Please write legibly and in ink.**

**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 _____

Print Name and Initial

Date

Division Dean/Director _____

Print Name and Initial

Date

Risk Management Coordinator
(Craig Harris - Campus Police) _____

Signature

Date

Note: This form must be printed and signed by the individuals indicated above and sent to the Risk Management Coordinator who will submit proper notification to the Division of Risk Management, when warranted.
Revised:05/6/2019