Injury/Illness/Incident Report Form

Clackamas Community College

Instructions: CCC students, employees, and visitors shall use this form to report all injuries, illnesses, or "near miss" events (which could have caused an injury or illness) on campus—*no matter how minor*.

*If you are and employee and will be seeking medical treatment, you **MUST** complete an injured worker packet as soon as possible. Contact Human Resources or your Supervisor for additional information.*

Name of Injured Person: ______________________________

Primary Phone (Personal): ______________ **Work Phone:** ______________

Date of Injury: ______________ **Time of Injury:** ______________ ☐ am ☐ pm

Specific Location of Injury ______________
(i.e. building name, room number)

Campus: ☐ **Oregon City** ☐ **Harmony** ☐ **Wilsonville** ☐ **Other**

Transported for Medical Treatment? ☐ **Yes** ☐ **No** **By Whom?** ______________

Was 911 Called? ☐ **Yes** ☐ **No** *For liability reasons, CCC staff **CANNOT** transport an injured or ill person.*

Please describe, in detail, what happened (attach another sheet if necessary)**:**

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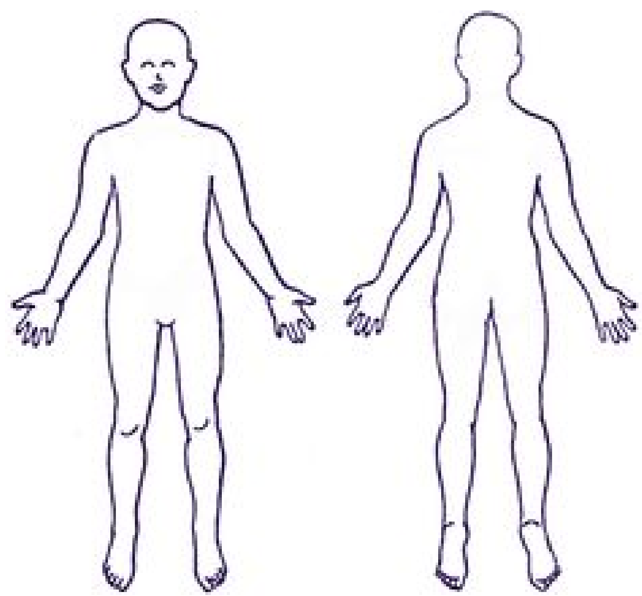
Please indicate where you are injured

Please check all body parts that apply and mark on diagram

☐	Head/Neck	☐ Right	☐ Left
☐	Shoulder	☐ Right	☐ Left
☐	Arm	☐ Right	☐ Left
☐	Elbow	☐ Right	☐ Left
☐	Forearm	☐ Right	☐ Left
☐	Wrist/Hand	☐ Right	☐ Left
☐	Abdomen	☐ Right	☐ Left
☐	Chest	☐ Right	☐ Left
☐	Back	☐ Upper	☐ Lower
☐	Hips	☐ Right	☐ Left
☐	Thigh	☐ Right	☐ Left
☐	Lower Leg	☐ Right	☐ Left
☐	Knee	☐ Right	☐ Left
☐	Ankle/Foot	☐ Right	☐ Left
☐	Other (describe)	______________	



Witness Information:

______________________________ ______________________________
Printed Name **Phone Number**

______________________________ ______________________________
Printed Name **Phone Number**

______________________________ ______________________________
Injured Person Signature **Date**

☐ Check if injured person is unable to sign.

Forward completed form to Human Resources ASAP, Barlow Hall 204 or HR@Clackamas.edu

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