

NORTHEAST COMMUNITY COLLEGE OCCURRENCE REPORT

(For Internal Use)

The Occurrence Report serves as a tool for Risk Management and Workers Compensation. The person most closely involved or the person discovering the occurrence should complete the form as soon as possible. Once completed, this report should be sent directly to Risk Management (Executive Director of Business Services) within 24 hours or by the next working day.

REPORT INFORMATION

Date of Report	Time of Report	AM	PM	Employee	Student	Visitor
Reported by	First	Last		Sex	M	F
Address	City State			Zip		
Phone Number	Personal Number	Work Number		Student/Employee ID # (If Applicable)		
Department (If Applicable)	Signature				Date	

ADDITIONAL PERSON(S) INVOLVED If others are involved, please complete any known information. If more than one person, also use BRIEF OBJECTIVE DESCRIPTION section to list additional information.

Name	First	Last		Sex	M	F
Address	City State			Zip		
Phone Number	Personal Number	Work Number		Employee	Student	Visitor
Department (If Applicable)						

OCCURRENCE INFORMATION

Date of Occurrence	Time of Occurrence	AM	PM	Unknown
Occurrence Location	Campus/Education Center			

TYPE OF OCCURRENCE Check category that best describes occurrence and complete appropriate section on back of page if indicated by *, **, or ***

Slip/Trip/Fall*	Violence	Equipment/Device Related**
Property Damage/Loss***	Threatening/Disruptive/Suspicious Behavior	Security Related
Contamination/Spill	Weapon/Ammunition	Theft***
Other (be specific)		

BRIEF OBJECTIVE DESCRIPTION (Factual information only) Include what was said/done, location, activity, part of body affected (right or left, if applicable), apparent causes, equipment used, and related information (if pertinent, attach police report and/or photos):

Weather Conditions	Sunny	Rain	Snow	Sleet	Ice	N/A
Assistance From	Fire Department	Law Enforcement	Ambulance/EMS	Campus Security	N/A	

See Next Page

DID THE OCCURRENCE INVOLVE AN APPARENT INJURY?

Yes	No	Unknown	If YES, apparent degree of injury **** (See Key)								
			None Apparent	Minor	Moderate	Severe	Death	Unknown			
KEY **** Apparent Degree of Injury Minor (Bruise, abrasion, small skin tear, or small cut involving little or no care or observation) Moderate (Sprain, large or deep cut, skin tear, or minor injury needing further medical attention such as suturing, bandage, splint, or ice bag) Severe (Fracture, loss of consciousness, change in mental or physical status requiring medical attention)											
<i>In the event of serious injury or death, immediate notification of the President or available Vice President and the Executive Director of Business Services is necessary. In the absence of the Executive Director of Business Services, notify the Vice President of Administrative Services.</i>											
Transport to Hospital			Yes	No	Location			By Whom			
Referred For/Sought Other Treatment/Self-Treatment				Yes	No	Refused	If Employee, Time Began Work at		AM	PM	N/A
If YES, Treatment Given By							Were tasks within the normal responsibilities?		Yes	No	N/A
							Was Personal Protective Equipment (PPE) worn?		Yes	No	N/A
							If YES, please list PPE				
Type of Treatment Given											

SUPERVISOR (Notify your supervisor/injured person's supervisor if occurrence involves an employee or work study injury)

Name	Signature	Date
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WITNESS(ES) (If additional witnesses, please list below in ADDITIONAL INFORMATION section)

Name	Address
Witness Signature (If available)	Phone

OCCURRENCE CATEGORY (Additional information as indicated on page 1)

*** Slip/Trip/Fall**

Classification of Perceived Cause
 Environmental hazard (adverse conditions in environment, e.g., slippery floor, object, weather)
 Person/illness related _____
 Other _____

**** Equipment/Device Related**

Equipment/Device
 Electrical Tampering Malfunction/Defect Improper Use Disconnected/Dislodged
 Other _____

Action Taken (Mark all that apply)
 Locked/Secured Removed from area Work Order Submitted
 Other _____

Equipment/Device Information
 Name of Equipment: _____ Manufacturer: _____
 If applicable: Tag No: _____ Model No: _____ Serial No: _____ Lot No: _____

***** Property Damage or Loss**

College theft/loss	Personal theft/loss	Vehicle (include make/model/year/license # below)
Fire/smoke	Electrical	Water/plumbing
Explosion	Natural disaster	Other _____

Approximate value of item lost, stolen, or damaged \$ _____ Cost Center _____

ADDITIONAL INFORMATION

For Official Use Only				
Date Received by Risk Management				
Copy Routed To (as applicable)	Date Sent	Date Sent	Date Sent	Date Sent
Human Resources	Physical Plant	VP	Other	