SALT LAKE COMMUNITY COLLEGE INCIDENT FORM
SLCC OFFICE OF RISK MANAGEMENT

Date: _____

Name (Last, First, Middle)	**Student Number**	**Telephone** Day: Evening:
Address	**Parent or Responsible Guardian**:_____ Name of individual notified: _____Date: _____ Injured person left scene of injury by : _____ He/She was released to: _____	
DOB/Age	**Sex** ☐ Female ☐ Male	**Classification/Status** ☐ Student ☐ Faculty ☐ Staff ☐ Visitor ☐ Other
Date and Time of Incident	**Severity** ☐ Non-disabling (loss of less than one full day of normal activity) ☐ Disabling (loss of one or more full days of normal activity)	
	Jurisdiction ☐ On college property or in college-conducted activity SLCC Campus: _____ ☐ Off campus in non-college conducted activity	

ACTIVITY AT THE TIME OF THE ACCIDENT/EXPOSURE: (i.e. driving auto, transporting items, etc.)

DETAILS OF ACCIDENT/INCIDENT:
(Describe in full the events, conditions and factors that contributed to the incident)

TYPE OF ACTIVITY:

☐ Athletic or physical education
☐ Recreation or entertainment
☐ Instruction
☐ Exterior walk or sidewalk
☐ Other, specify _____
☐ Street or highway
☐ Commerce or industry
☐ Service or maintenance
☐ Undeveloped area

WITNESSESS: (Name, Address, Phone Numbers)

PART OF BODY INJURED:

Emergency care & individual status:
☐ First Aid _____
☐ Injured party refused treatment

☐ Individual referred to hospital/medical facility for evaluation.

LOCATION:
(Bldg – Rm No. – be specific)

NATURE OF INJURY:
☐ Cut ☐ Puncture ☐ Poisoning ☐ Inhalation
☐ Open Wound ☐ Burn, Bruise ☐ Exposure
☐ Internal Injury ☐ Foreign Body
☐ Other (explain) _____

Police Contacted: Yes / No
Office of Risk Management Contacted: Yes / No
Time Called: _____ Date: _____
Instructions given:
Action to prevent similar incidents:

This report prepared by: _____
Title & Signature: _____
Address: _____
Date: _____

Please fill out form, sign and return to the following:
Original: Office of Risk Management **Copy:** Injured Party **Copy:** Department