

INSTRUCTIONS:

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- IF YOU ARE AN EMPLOYEE, complete sections: 1, 2, 4, 5, 6, 7, 8
- IF YOU ARE NOT AN EMPLOYEE, complete sections: 1, 3, 4, 5, 6, 7, 8

Submit this completed form to the Public Safety Office, Central Campus BE1108 (phone: 206-934-5442)

• If you are reporting a workplace hazard, you may send the copy directly to EHS (phone: 206-934-2904)

1. LOCATION/DATE OF INCIDENT	
College Location: Central Georgetown SMA South WTC Siegel	
Date of Occurrence (MM/DD/YYYY):	Time of Occurrence (HH:MM):
Location of Occurrence (Be Specific): Building:	Floor/Room:
Employee/Student Identification Number:	
2. EMPLOYEE REPORT	
Employee's Name:	Job Title:
Supervisor's Name:	Department:
Have you reported this occurrence to your supervisor?	Yes No If "yes," when?
Have you visited a doctor concerning this injury/illness?	Yes No
If "yes," whom did you see?	When did you see the doctor?
Have you previously sustained this type of injury at work? Yes No	
If "yes," when? Employe	r at the time of previous injury:
3. NON-EMPLOYEE REPORT (student/visitor/vendor/contractor)	
Name:	Program/Affiliation:
Was there a College employee present at the time of the occurrence? Yes No	
	Description of the second s
If "yes," who?	Department:
4. PART OF BODY INJURED (check all that apply):	5. NATURE OF THE INJURY (check all that apply):
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4. PART OF BODY INJURED (check all that apply):	5. NATURE OF THE INJURY (check all that apply): Abrasion, scrape Cut/laceration Amputation Needlestick/puncture Back Injury Hernia Broken bone Illness Bruise Sprain Burn (heat) Muscle Sprain Burn (chemical) Other: Concussion (to head) Other: Crushing injury Near-miss Work-Related Illness Workplace Hazard
4. PART OF BODY INJURED (check all that apply):	5. NATURE OF THE INJURY (check all that apply): Abrasion, scrape Cut/laceration Amputation Needlestick/puncture Back Injury Hernia Broken bone Illness Bruise Sprain Burn (heat) Muscle Sprain Burn (chemical) Other: Concussion (to head) Other: Crushing injury Near-miss I am reporting a(n): Nork-Related Illness Work-Related Illness Workplace Hazard
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7. DESCRIBE THE OCCURRENCE (include what activities were being performed and how the incident occurred):

If seeking medical treatment at time of occurrence remember to get a doctor's note of release to either full duty, modified/lightduty or no release. If modified/light-duty work is recommended speak with your supervisor to see about accommodations and sign off that they can work within your doctors restrictions. A copy of that note must also be emailed to the Occupational Safety & Health Mgr@Michelle.Valint@seattlecolleges.edu who completes all Workers Compensation claims.

8. SIGNATURES AND CONTACT INFORMATION		
Signature:	Date:	
Completed on behalf of (if you are not the reporting party):		
Describe your relationship to the reporting party (i.e. supervisor, family relation):		
Please provide your contact information below so that we may contact you to discuss this report and any corrective actions taken. You may choose to remain anonymous only if you are reporting a workplace hazard.		
Phone:	Email:	
Please complete form and submit to Campus Security on day of inc Manager	dent, security will email a copy to the Occupational Safety&Health	
Reviewed By:	Date:	