

Oregon Institute of Technology INCIDENT REPORT

Office of Risk Management – Klamath Falls
3201 Campus Drive, Snell Hall 204
Klamath Falls, OR 97601
Phone: 541-885-1133

Office of Risk Management – Wilsonville
27500 SW Parkway Ave
Wilsonville, OR 97070
Phone: 503-821-1277

Instructions: To be completed **WITHIN 24 HOURS** of an accident, incident or condition and returned to Risk Management at one of the above addresses or email to RiskManagement@oit.edu. This Incident Report is **not** to be used for employee work-related accidents, incidents or conditions. **Complete ALL sections**, do not leave any blanks. Attach additional sheets if necessary to describe this incident.

Date of Report _____ Incident Date _____ Incident Time _____

Information:	
Name: _____ <div style="display: flex; justify-content: space-between; width: 80%; margin: 0 auto;"> Last MI First </div> Address: _____ Home Phone: _____ Cell Phone or Other: _____ Email: _____ Date of Birth: _____ Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male Affiliation: <input type="checkbox"/> Student <input type="checkbox"/> Volunteer <input type="checkbox"/> Guest/Visitor <input type="checkbox"/> Vendor/Contractor	
Injury Information:	
<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">Treatment</div> <input type="checkbox"/> Received onsite first aid <input type="checkbox"/> Will be seeking medical treatment <input type="checkbox"/> Received medical treatment <input type="checkbox"/> Hospital transport <input type="checkbox"/> Fatality <input type="checkbox"/> No treatment <input type="checkbox"/> Other _____	<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">Cause of Injury</div> <input type="checkbox"/> Burned by: _____ <input type="checkbox"/> Cut by: _____ <input type="checkbox"/> Contact with: _____ <input type="checkbox"/> Struck by: _____ <input type="checkbox"/> Needle/Sharp Stick: <i>Complete additional Exposure Incident Report Form</i>
<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">Work Status</div> <input type="checkbox"/> Missed work, dates: _____ <input type="checkbox"/> No missed work	<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">Fall/Slip/Trip</div> <input type="checkbox"/> Different level <input type="checkbox"/> Same level <input type="checkbox"/> Floor condition <input type="checkbox"/> Weather condition <input type="checkbox"/> Over object <input type="checkbox"/> On sidewalk/path <input type="checkbox"/> On stairs
<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">Nature of Injury</div> <input type="checkbox"/> Burn <input type="checkbox"/> Inflammation/irritation <input type="checkbox"/> Bruise <input type="checkbox"/> Scratches/abrasions <input type="checkbox"/> Cut <input type="checkbox"/> Sprain/strain <input type="checkbox"/> Other _____	<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">Blood</div> Was blood present? <input type="checkbox"/> Yes <input type="checkbox"/> No Was Individual exposed to someone else's blood? <input type="checkbox"/> Yes <input type="checkbox"/> No Source of other blood? _____
Body Part Affected _____ <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Both	<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">Law Enforcement Response</div> <input type="checkbox"/> Oregon Tech Public Safety <input type="checkbox"/> Police _____

1. Full Name and Phone Number of any Witnesses:

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2. What was the Individual's purpose for being on campus?

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3. What was the Individual doing and where did the incident occur? Describe the activity. *Be specific:*

Example: "Leaving College Union through the south double doors."

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4. What happened? How did the injury/incident occur? *Be specific:*

Example: "There was a tear on the carpet; visitor's shoe got caught on the torn piece of carpet."

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5. What was the injury, illness or incident? Describe the part of the body that was affected and how. *Be more specific than "hurt" or "sore".*

Examples: "possible strained lower back", "possible sprained left ankle".

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6. What object or substance directly caused the injury? If not applicable, indicate "N/A".

Examples: "slippery floor caused by water", "loose bricks on walkway".

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7. Additional Information:

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Signature: _____ **Date:** _____