

Portland Community College Injury/Illness Incident Report

In the case of an injury or illness to an employee, student or visitor, this form is to be completed by the program/department supervisor or manager or Public Safety Officer that responds to the reported medical incident.

Name of Injured Person: _____ SSN: _____

Date of Birth: _____ Male: _____ Female: _____

Home Address, Telephone, Emergency Telephone _____

PCC Department Name, Location, Extension: _____

Supervisor's Name: _____ Location: _____

Incident Occurred At: Campus: _____ Building: _____

Date & Time Occurred: _____ Date & Time Reported: _____

Check one: Employee: Visitor: Student: Co-Op Ed: Other:

Incident Information: Include what happened, how, nature and extent of injury, first aid rendered at scene, witness(es):

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Employee:

Were you performing regular job? _____

Outside medical help required? _____

If yes, form #436-801 complete? _____

Lost time? _____ Number of days: _____

Public Safety:

Public Safety notified? _____

Campus: _____

College Representative (Please Print) _____

Department _____

Extension _____

