

Injured person is a: Student Employee Visitor Student doing clinical hours				Date of report:	
Injured person's name:		Date of birth: _____ Age: _____		Telephone:	
Injured person's address:			City:		State: Zip Code:
Date of injury: _____	Campus: <input type="checkbox"/> Riverside <input type="checkbox"/> Norco <input type="checkbox"/> Moreno Valley	Location: <input type="checkbox"/> District Office <input type="checkbox"/> Culinary Academy <input type="checkbox"/> Coil <input type="checkbox"/> March <input type="checkbox"/> Ben Clark Training Center <input type="checkbox"/> Other _____			
Time of Injury: _____			Student ID Number: _____		
Provide instructor's name: _____			Email Address: _____		
Provide class name: _____					
Employee Information:					
Provide supervisor's name and telephone number _____					
Work Schedule: _____					
Department: _____ Time work shift began on day of accident _____ <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.					
Date of hire: _____ Job Title: _____ Time injury reported to supervisor: _____					
Visitor Information:					
Which site(s) were you on _____					
Which building/room were you in _____					
Was the incident an exposure? yes no If yes, what type of exposure? _____					
Last date on site _____ Sites you were at that day _____					
Exact place accident occurred (<i>provide location name and complete address</i>):					
Specific activity occurring when the event occurred:					
Describe how accident occurred:					
Specific Body part injured: _____				First aid given: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes by whom: _____	
Name:		Signature:		Date:	
Witnesses					
Witness name:		Telephone:		Email Address:	
_____		_____		_____	
_____		_____		_____	

Instructions

1. If the injured person is an employee, complete the *Worker's Compensation Claim Form (DWC1)* in addition to the Accident Report, and forward all originals to the Risk Management Office.
2. All employees injured on the job **MUST call Medcor** at 800-775-5866. In cases of serious or life threatening emergencies, the employee should call 911. Please call (951) 222-8127 or (951) 222-8128 for further information in regards to industrial injuries.

Date received by the Risk Management Office	Received by (<i>printed name</i>)	Signature
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