## PERALTA COMMUNITY COLLEGE DISTRICT

MEDICAL INCIDENT REPORT

(Use Reverse Side if needed)

		(				
1. TYPE OF INCIDENT		2. LOCATION OF	INCIDENT			
	SURE					
-	☐ Merritt	☐ District Offic				
4. DATE AND TIME OF INCIDENT	5.NAME O	F INJURED/ILL PART	TY'S INSTRUCTOR/ SUPERVISOR			
Time: AM PM			SUPERVISOR			
6. NAME OF INJURED/ILL	7. DOB	8. AGE 9. GENDER	10 55#			
O. NAME OF INCORED/ILL	7.000	b. ABE J. BENDER	10.55#			
11. ADDRESS OF INJURED (STREET, CITY, STATE & ZI	P CODE)	PHONE #	•			
12. CLASSIFICATION OF INJURED/ILL						
□ Employee** □ Student		☐ Visitor	$\square$ Student Athlete			
$\square$ College Work Study Student $\square$ Allied Health St	udent	$\square$ Volunteer				
**If employee's injury is work related, please complete a PCCD Supervisor's Report and give the employee a						
DWC-1 form (Employee's Claim for Workers' Compensation Benefits). Both forms are on the District's web page.						
13. DESCRIBE INJURY (INJURIES) / ILLNESS						
14. DESCRIBE ANY APPARENT PRE-EXISTING PHYSICAL	. HANDICA	APS OR LIMITATIO	NS NONE			
15. DESCRIBE CIRCUMSTANCES OF INJURY/ILLNESS (V	VHAT HAP	PENED)				
16. IS THERE A HAZARD THAT CAUSED THE INCIDENT	?	□ YES	□ NO			
Please Describe/Be Specific about the Location						
17. WHAT CORRECTIVE ACTION(S) HAVE BEEN TAKEN?	1					
17. WHAT CORRECTIVE ACTION(S) HAVE BEEN TAKEN?						
18. HAS A WORK ORDER BEEN SUBMITTED TO FACILIT	TFS?	□ YES	□ NO			
If Yes, please attach a copy.		_ /55	<u> </u>			
19. DISPOSITION OF INJURED / ILL PARTY (Check all applicable boxes.)						
☐ Refused Aid or Assistance ☐ To Health Services ☐ Resumed Normal Activity						
☐ Voluntarily Left Facility ☐ Doctor			)			
☐ Ambulance Requested Name of Ambulance Company						
20. FIRST AID ADMINISTERED?   Yes   No						
If Yes By:		Title	<del></del>			
21. WITNESS TO INCIDENT:						
Name Addr	ess		Telephone #			
22. REPORT COMPLETED BY: DATE:		23. DATE REPORT	TED:			
Name						
Signature		Time:				

PERSON COMPLETING THIS FORM SHOULD MAKE THE FOLLOWING DISTRIBUTION:

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5.	NAME OF INJURED/ILL		
	Last	First	 Initial
6.	IDENTIFY BY LINE NUMBER	ANY ADDITIONAL INFORMATION:	
		Information Completed By:	
		Telephone No.	