

Instructions: CCC students, employees, and visitors shall use this form to report all injuries, illnesses, or “near miss” events (which could have caused an injury or illness) on campus—*no matter how minor*.

If you are an employee and will be seeking medical treatment, you **MUST** complete an injured worker packet as soon as possible. Contact Human Resources (HR) or your Supervisor for additional information.

Name of Injured Person: _____

Relationship to the College: Employee Student Visitor Public Other: _____

Primary Phone (Personal): _____

Work Phone: _____

Date of Injury: _____

Time of Injury: _____ am pm

Specific Location of Injury: _____
 (i.e. building name, room number)

Campus: Oregon City Harmony
 Wilsonville Other

Transported for Medical Treatment? Yes No

If Yes, By Whom? _____

Was 911 Called? Yes No

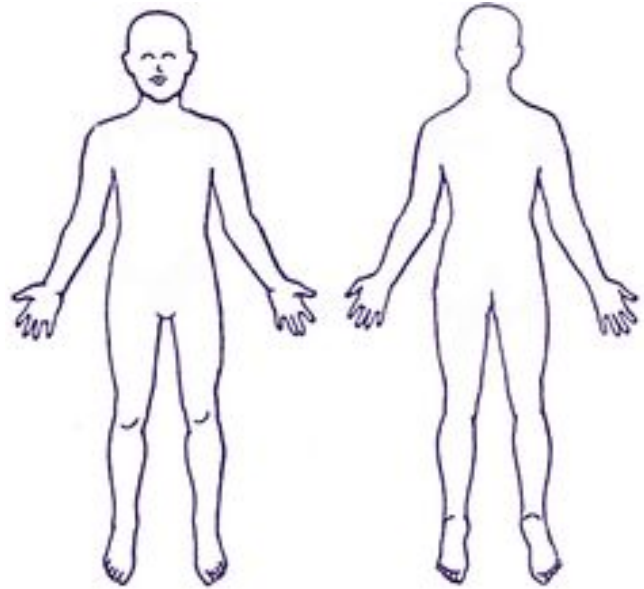
For liability reasons, CCC staff CANNOT transport an injured or ill person.

Please describe, in detail, what happened (attach another sheet if necessary):

Please indicate where you are injured

Please check all body parts that apply and mark on diagram

- | | | |
|--|--------------------------------|--------------------------------|
| <input type="checkbox"/> Head/Neck | <input type="checkbox"/> Left | <input type="checkbox"/> Right |
| <input type="checkbox"/> Shoulder | <input type="checkbox"/> Left | <input type="checkbox"/> Right |
| <input type="checkbox"/> Arm | <input type="checkbox"/> Left | <input type="checkbox"/> Right |
| <input type="checkbox"/> Elbow | <input type="checkbox"/> Left | <input type="checkbox"/> Right |
| <input type="checkbox"/> Forearm | <input type="checkbox"/> Left | <input type="checkbox"/> Right |
| <input type="checkbox"/> Wrist/Hand | <input type="checkbox"/> Left | <input type="checkbox"/> Right |
| <input type="checkbox"/> Abdomen | <input type="checkbox"/> Left | <input type="checkbox"/> Right |
| <input type="checkbox"/> Chest | <input type="checkbox"/> Left | <input type="checkbox"/> Right |
| <input type="checkbox"/> Back | <input type="checkbox"/> Upper | <input type="checkbox"/> Lower |
| <input type="checkbox"/> Hips | <input type="checkbox"/> Left | <input type="checkbox"/> Right |
| <input type="checkbox"/> Thigh | <input type="checkbox"/> Left | <input type="checkbox"/> Right |
| <input type="checkbox"/> Lower Leg | <input type="checkbox"/> Left | <input type="checkbox"/> Right |
| <input type="checkbox"/> Knee | <input type="checkbox"/> Left | <input type="checkbox"/> Right |
| <input type="checkbox"/> Ankle/Foot | <input type="checkbox"/> Left | <input type="checkbox"/> Right |
| <input type="checkbox"/> Other (describe): _____ | | |



Witness Information:

 Printed Name

 Phone Number

 Printed Name

 Phone Number

Injured Person Signature

Date

Check if injured person is unable to sign.

Submit completed form to HR ASAP at Barlow Hall 204 or via the HR Service Desk at <http://support.clackamas.edu>