

Central Campus (ATTACHMENT A)
 West Campus
 Fire/Police Academy (Conshohocken)
Other Off Site Location:
Specify: _____

ACCIDENT/INJURY/ILLNESS REPORT

NAME: _____ Male Female
Status: Employee: FAC - SS - ADMIN **Area of Employment:** _____
 Student Other - specify: _____

College ID #: _____ **Date of Birth:** _____

Address: _____

Street	Apt. #	City	State	Zip Code
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Cell Phone #: _____ **Home Phone #:** _____ **Work #:** _____

Date of Accident/Injury/Illness: _____ **Time of Accident/Injury/Illness:** _____ AM - PM **Date Reported:** _____

1. **Describe the Accident/Injury/Illness:** What were you doing? What equipment or tools were involved? Describe in detail, what conditions, actions, events, or objects contributed to the accident/injury/illness. (Use other side if needed.)

2. Give **specific location** where the Accident/Injury/Illness occurred: _____

3. Describe **weather** conditions (if applicable): _____

4. **Supervisor or Faculty** aware of accident/injury/illness? No Yes - name: _____

5. **Describe injury or illness** (indicate **right/left side**, what hurts, swelling, bruising, cut, difficulty breathing, etc.):

6. What **first aid care** did you receive? **Describe:** _____

Check all that apply:

- None Required **Declined Assistance**
- Assisted by Public Safety Officer **Other** – name: _____
- Went to **Concentra Medical Center** 610-275-3884 (850 Germantown Pike, Plymouth Meeting, PA 19462)
- Went to **Pottstown Occupational Health** 610-326-2300 (CarePlex - 81 Robinson Street, Pottstown, PA 19464)
- Required **ambulance** transport by _____
- Went to **Physician or other Medical Facility:** Name: _____
 Address: _____

7. Name & Phone # of anyone who **witnessed** Accident/Injury/Illness: No one present Others present – names unknown

A. _____ B. _____

Signature of Individual (or completed by - if individual unable to complete) Date

Received by Public Safety - signature Date

Send original copy to Public Safety (within 48 hours of Accident/Injury/Illness)