

Incident Near-Miss Hazard Report

INSTRUCTIONS:

- IF YOU ARE AN EMPLOYEE, complete sections: 1, 2, 4, 5, 6, 7, 8
- IF YOU ARE NOT AN EMPLOYEE, complete sections: 1, 3, 4, 5, 6, 7, 8
- Submit this completed form to the **Security Office** at the campus, they will email copy to **OSH Mgr.**
- If you are reporting a workplace hazard, you may send the copy directly to the **Occupational Safety & Health Mgr** at **Michelle.Valint@seattlecolleges.edu** or call **206-934-3210**

1. LOCATION/DATE OF INCIDENT

College Location: <input type="checkbox"/> Central <input type="checkbox"/> Georgetown <input type="checkbox"/> SMA <input type="checkbox"/> South <input type="checkbox"/> WTC <input checked="" type="checkbox"/> North <input checked="" type="checkbox"/> Siegel	
Date of Occurrence (MM/DD/YYYY):	Time of Occurrence (HH:MM): <input type="checkbox"/> AM <input type="checkbox"/> PM
Location of Occurrence (Be Specific): Building:	Floor/Room:
Employee/Student Identification Number:	

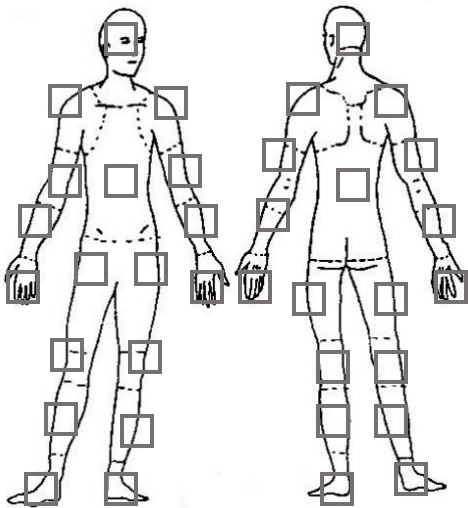
2. EMPLOYEE REPORT

Employee's Name:	Job Title:
Supervisor's Name:	Department:
Have you reported this occurrence to your supervisor?	<input type="checkbox"/> Yes <input type="checkbox"/> No If "yes," when?
Have you visited a doctor concerning this injury/illness?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "yes," whom did you see?	When did you see the doctor?
Have you previously sustained this type of injury at work?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "yes," when?	Employer at the time of previous injury:

3. NON-EMPLOYEE REPORT (student/visitor/vendor/contractor)

Name:	Program/Affiliation:
Was there a College employee present at the time of the occurrence?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "yes," who?	Department:

4. PART OF BODY INJURED (check all that apply):



5. NATURE OF THE INJURY (check all that apply):

- | | |
|---|---|
| <input type="checkbox"/> Abrasion, scrape | <input type="checkbox"/> Cut/laceration |
| <input type="checkbox"/> Amputation | <input type="checkbox"/> Needlestick/puncture |
| <input type="checkbox"/> Back Injury | <input type="checkbox"/> Hernia |
| <input type="checkbox"/> Broken bone | <input type="checkbox"/> Illness |
| <input type="checkbox"/> Bruise | <input type="checkbox"/> Sprain |
| <input type="checkbox"/> Burn (heat) | <input type="checkbox"/> Muscle Sprain |
| <input type="checkbox"/> Burn (chemical) | <input type="checkbox"/> Other: |
| <input type="checkbox"/> Concussion (to head) | |
| <input type="checkbox"/> Crushing injury | |

I am reporting a(n):

- | | |
|---|---|
| <input type="checkbox"/> Injury | <input type="checkbox"/> Near-miss |
| <input type="checkbox"/> Work-Related Illness | <input type="checkbox"/> Workplace Hazard |

6. WITNESSES (if anyone witnessed this occurrence or can corroborate a hazard, please include their name below):

Name:	Job Title:
Name:	Job Title:
Name:	Job Title:

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7. DESCRIBE THE OCCURRENCE (include what activities were being performed and how the incident occurred):

When seeking medical treatment at time of occurrence remember to get a doctor's note of release to either full duty, modified/light-duty or no release. If modified/light-duty work is recommended speak with your supervisor to see about accommodations and sign off that they can work within your doctors restrictions. A copy of that note must also be emailed to the **Occupational Safety & Health Mgr@Michelle.Valint@seattlecolleges.edu** who completes all Workers Compensation claims.

8. SIGNATURES AND CONTACT INFORMATION

Signature:	Date:
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Completed on behalf of (if you are not the reporting party):

Describe your relationship to the reporting party (i.e. supervisor, family relation):

Please provide your contact information below so that we may contact you to discuss this report and any corrective actions taken. You may choose to remain anonymous **only** if you are reporting a workplace hazard.

Phone:	Email:
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Please complete form and submit to **Campus Security** on campus on day of incident, security will email a copy to the **Occupational Safety & Health Mgr. @Michelle.Valint@seattlecolleges.edu**. All incident, near-miss and hazard reports include a follow-up investigation and/or an after action report.

Reviewed By:	Date:
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