

MIDDLESEX COMMUNITY COLLEGE

INCIDENT REPORT FORM

Directions: Complete this form and forward it to the Office of the Dean of Finance and Administration in Founders Hall, room 106.

Today's Date: _____ Time Incident Reported: _____

Name of person(s) that the Incident was reported to: _____

Your name: _____ Are you a MxCC employee or Student Worker? Y ___ N ___

Address: _____ If you answered Yes and this is an injury or an illness, complete the second page for OSHA purposes. Also be sure to notify the

City/State: _____ MxCC Workers' Compensation liaison in the Payroll Office.

Phone Number: _____

Your signature: _____

Date of Incident: _____ Was this incident an injury, theft or other?

Time of Incident: _____ Injury _____ Theft _____

Location of Incident: _____ Other _____ If other, explain _____

Were you transported by ambulance? Yes ___ No ___

DESCRIBE INCIDENT IN DETAIL:

WITNESSES': _____

Please attach any other important information.

Route to:
Dean of Finance and Administration
Human Resources (Employee or Student Worker Injury only)

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Addendum for OSHA related purposes

Complete this page if you are a MxCC employee or Student Worker and the incident was an injury or an illness. Also be sure to notify the MxCC Workers' Compensation liaison in the Payroll Office.

1. Job Title: _____
2. Number of days missed from work due to the injury/illness: _____
3. Number of days employee received an on-the-job transfer or restriction from duties due to the injury/illness: _____
4. Type of injury/illness: Injury____ Skin Disorder ____ Respiratory Condition ____
Poisoning ____ Hearing Loss ____ Other ____
5. Name of physician or health care provider: _____
6. Where was the treatment given? Facility: _____
Address (Street, Town, Zip): _____
7. Were you treated in the emergency room? Yes ____ No ____
8. Were you hospitalized overnight as an in-patient? Yes ____ No ____
9. Time employee began work: _____
10. **What was the employee doing just before the incident occurred?** Describe the activity as well as the tools, equipment or material the employee was using. Be specific. Examples: "climbing a ladder while carrying roofing materials"; "spraying chlorine from hand sprayer"; "daily computer key-entry".

11. **What happened? Tell us how the injury occurred.** Examples: "When ladder slipped on wet floor, worker fell 20 feet"; "Worker was sprayed with chlorine when gasket broke during replacement"; "Worker developed soreness in wrist over time". (Can indicate "See first page" if appropriate.)

12. **What was the injury or illness?** Tell us the part of the body that was affected and how it was affected; be more specific than "hurt", "pain" or "sore". Examples: "strained back"; "chemical burn, hand"; "carpal tunnel syndrome".

13. **What object or substance directly harmed the employee?** Examples: "concrete floor"; "chlorine"; "radial arm saw". If this question does not apply to the incident, leave blank.
