SAN FRANCISCO COMMUNITY COLLEGE DISTRICT

REPORT OF INJURY

NOTE: The first three copies of this report shall be submitted to the Site Administrator's Office not later than 48 hours after injury occurs. Distribution is indicated at the bottom of this report form. This form is to be used only for reporting injuries to students or visitors. Use City and County Form 2 for reporting injury or accident to certificated and/or non-certificated personnel.

Site __________________________________________________________

Name of injured_________________________________________ Birth Date __________________________

Address ____________________________________________________ Telephone __________________________

Date of injury__________________________________ Time of injury __________________________

Place where injury occurred ________________________________

Instructor in charge _________________________________________

Give circumstances of injury __________________________________

SAMPLE

(USE ORIGINAL FORM AVAILABLE FROM DEPARTMENT CHAIR,
SCHOOL DEAN)

Was injured violating District regulations? ___________________________

Apparent extent of injuries suffered ________________________________

Emergency care given at site ______________________________________

Was injured taken to doctor or hospital at time of the injury? ____________ By whom? __________________________

Name of doctor or hospital ________________________________________

Address ______________________________________________________

Next of kin notified? __________________________ By whom? __________________________

When? ______________

If injured was not student, indicate nature of business on premises ________________________________

Names of witnesses: ____________________________________________

Addresses: (If necessary, use additional sheet for statements and additional names.)

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Approved and forwarded:

________________________________________________________________________

Site Administrator ____________________________________________

Instructor or person reporting injury ________________________________

Date of Report ____________________________________________________

Department ______________________________________________________

Distribution: ORIGINAL (White) — To Legal Advisor
DUPLICATE (Yellow) — President
TRIPlicate (Pink) — Asso. Director, Facilities & Planning
QUADRUPLICATE (Goldenrod) — Center File (Student Health at CCSF)
NCR — No carbon required