

Name: _____

PUC ID#: _____

INCIDENT REPORT FORM



Return this form to:
Pacific Union College
Health Services
One Angwin Avenue
Angwin, CA 94508
Attn: Health Services

Phone 707.965.6339
Fax 707.965.6243

Instructions:

Send this form with the patient to the provider where they were sent (i.e.: Health Services, hospital, MD office).

This section must be filled out for all reportable incidents campus wide at the time of the incident.

- PUC Employee
 - Employee family member
 - HME employee
 - Student employee
 - Bon Apetit employee
 - Bon Apetit student
 - Campus visitor
 - Athletic injury-intramural
 - Athletic injury-varsity
- (type of sport activity): _____

Full Legal Name: _____
Last First Middle

PUC Employee/Student ID #: _____

Date of Birth: ____ / ____ / ____ Sex: ____ Social Security #: _____

Date of Injury: _____ Time of Injury: _____

Description of Injury: _____

Name(s) of witnesses if any: _____

If work-related injury, was any time lost from work? Yes No If yes, how many hours/days? _____

Report filled out by: _____ Relationship to injured: _____

It is recommended that you keep a copy of this for your records.

Supervisor's/director's signature if indicated: _____

Injured party signature:* _____ Date: _____

This section to be completed by the responsible party at the time of occurrence.

Date of occurrence: _____

Description of occurrence: _____

Individual was referred to:

PUC health Services by _____ (date)

- Emergency care: St. Helena Hospital
- Queen of the Valley Hospital
- Kaiser Permanente
- Job Care/St. Helena Hospital
- Other: _____

Transport (check one):

- Car
- Ambulance