

# IN CASE OF WORKPLACE INJURY

ACCION a seguir en caso de un accidente en el trabajo

 **COMPANY NURSE**  
Because Accidents Happen



**AVAILABLE  
24 HOURS A DAY**

# 1-833-572-0746

**Employer Name (Nombre De Compania)**

**Search Code (Código Del Búsqueda)**

**Barstow Community College District**

**QT822**

**1**

**Injured worker notifies supervisor.**  
Empleado lesionado notifica a su supervisor.

**2**

**Supervisor/Injured worker immediately calls injury contact center.**  
Supervisor / Empleado lesionado llama de inmediato al centro de contacto para lesiones.

**3**

**Company Nurse gathers information over the phone and helps injured worker access appropriate medical treatment.**  
Company Nurse obtiene información por teléfono y asiste al empleado lesionado en adquirir el tratamiento médico adecuado.

**NOTICE TO EMPLOYER/SUPERVISOR:** Please post copies of this poster in multiple locations within your worksite. If the injury is non-life-threatening, please call Company Nurse prior to seeking treatment. Minor injuries should be reported prior to leaving the job site, when possible.



# INCIDENT REPORT FORM

Date of Incident \_\_\_\_\_ Time of Incident \_\_\_\_\_  am  pm  
 Name \_\_\_\_\_ Student I.D. # \_\_\_\_\_  
 Phone \_\_\_\_\_ D.O.B. \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
 Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_  
 Insurance Company *(complete if covered by insurance; otherwise write "None")* \_\_\_\_\_

### PLACE OF INCIDENT

Classroom (specify) \_\_\_\_\_ BCC Athletic Field \_\_\_\_\_ BCC Gym \_\_\_\_\_ BCC PAC \_\_\_\_\_  
 Other Location (if Off Campus, specify) \_\_\_\_\_

### NATURE OF INJURY

Bite \_\_\_\_\_ Bruise \_\_\_\_\_ Burn \_\_\_\_\_ Concussion \_\_\_\_\_ Cut \_\_\_\_\_ Dislocation \_\_\_\_\_ Fracture \_\_\_\_\_ Poisoning \_\_\_\_\_  
 Puncture \_\_\_\_\_ Scratches \_\_\_\_\_ Sprain \_\_\_\_\_ Strain \_\_\_\_\_ Other(specify) \_\_\_\_\_

### DESCRIPTION OF ACCIDENT

What was the cause of the incident? How did it happen? *(List specifically unsafe acts and unsafe existing conditions. Specify any tool, machine or equipment involved).*

### ACTION TAKEN

Ice \_\_\_\_\_ Bandage \_\_\_\_\_ Crutches \_\_\_\_\_ Eye Wash \_\_\_\_\_ Sling \_\_\_\_\_ Splint \_\_\_\_\_ Wrapped \_\_\_\_\_  
 Other (specify) \_\_\_\_\_  
 Was a parent or other individual notified? No  Yes  When? \_\_\_\_\_ How? \_\_\_\_\_  
 Name of individual notified \_\_\_\_\_ By Whom? \_\_\_\_\_  
 Witnesses: Name \_\_\_\_\_ Phone \_\_\_\_\_  
 Name \_\_\_\_\_ Phone \_\_\_\_\_  
 Sent to Hospital (name) \_\_\_\_\_ Referral to Physician \_\_\_\_\_  
 Refused Treatment \_\_\_\_\_

**Signed** \_\_\_\_\_  
 \_\_\_\_\_  
**Date** \_\_\_\_\_  
 \_\_\_\_\_  
 (Person Involved)

**Signed** \_\_\_\_\_  
 \_\_\_\_\_  
**Date** \_\_\_\_\_  
 \_\_\_\_\_  
 (BCC Employee)