

Dickinson College				Injury / Illness Report				Incident Tracking Number:							
Carlisle, Pennsylvania				Completed by Supervisor, Dept. Director or Public Safety				Assigned by Human Resources							
Incident Information								Subject's Relationship to the College Mark all that apply ☒							
Day		Date		Time			Employee		Faculty		Full Time				
Location							Dickinson Student		Administrator		Part Time				
							Visitor / Guest		Support Staff		Casual				
Related or Affected Department							Other		Student Worker						
Subject's Information															
Name				Male		Female		DOB			SSN				
Residence				Contact				Employer *			Dickinson		Other		
Street				Telephone, Home											
				Telephone, Mobile / Cell											
City				e-mail, Home				Telephone, Work							
State		Zip Code		Other				e-mail, Work							
* If Dickinson College employee note Department, Supervisor & Job Title.								Secondary Employment?			Yes		No		
Employer Notified		Date		Time				Supervisor Notified		Date		Time			
Injury / Illness Information															
												N/A			
Nature of Injury Mark all that apply ☒								Body Part(s) Injured Mark all that apply ☒							
	Hearing Loss		Abrasion		Contusion		Fracture		Abdomen		Eye		Hip		
	Poisoning		Amputation		Cut-laceration		Hernia		Ankle		Finger		Knee		
	Respiratory		Bruise		Death/Fatality		Infection		Arm, upper		Foot		Leg		
	Condition		Burn, chemical		Dermatitis		Needle stick		Back		Forearm		Lungs		
	Skin Disorder		Burn, thermal		Dislocation		Puncture wound		Chest		Groin		Multiple		
	Other Illness		Concussion		Electrical shock		Sprain / Strain		Ear		Hand		Neck		
	Other Injury		Carpal tunnel		Eye injury				Elbow		Head		Other		
Treatment Mark all that apply ☒															
	N/A Not needed			No Medical Care on scene				*If Subject is deceased, date of death:							
	Requested by Subject			Self Care on scene				Treated on Scene by DPS			Clinic / Hospital				
	Recommended			First Aid provided on scene				Treated on Scene by EMS			College Health Center				
	Provided			Non-Emergency care				Transported by Self			Panel Physician				
	Refused by Subject			Emergency Medical care				Transported by DPS			Subject's Physician				
If transported to clinic, hospital or physician, where?				Carlisle Regional Medical Center				U.S. Health Work's				Other			
If other, where?															
Safety Information Personal Protective Equipment (PPE)															
				N/A				PPE Available?			Yes		No		
PPE Type															
Subject's activity at time of incident?								Conditions in area? (Clothing worn; weather, lighting, surfaces...)							
Description of incident (Attach additional pages if needed)															
If injured, what is the specific nature of the injury?															
Describe any object or substance that may have directly harmed the subject.								N/A							
Witness(es) to incident				None				(Attach additional pages if needed)							
Name				Address				Contact (Telephone, e-mail)							
DPS Notified		Yes		No	Person completing Report (Name & Title, Contact Telephone Number)								Date Completed		