

## Student Criminalistics Learning Lab Incident Report

***The instructor and the student should complete this form together, but the instructor has the responsibility to complete the form, in its entirety, immediately upon knowledge of the incident and at a safe time. A separate incident report needs to be completed for each and every student involved in an incident. Each incident report needs to be copied: The student receives a copy and the original report MUST be emailed to RCCD Risk Management (Michael.Simmons@rccd.edu) and Dr. Matuszak (Melissa.Matuszak@rcc.edu).***

|   |  |                   |  |
|---|--|-------------------|--|
| Date of Incident:   |  | Date Reported:    |  |
| Instructor Completing Report:   |  | Instructor Email: |  |
| Name & ID # of Student Involved:  |  |                   |  |
| Location of Incident:   |  |                   |  |
| Time Length of Incident:  |  |                   |  |
| Witnesses:  |  |                   |  |
|   |  |                   |  |
|   |  |                   |  |
| Describe Incident:<br><br><i>(Include use of Personal Protective Equipment/PPE, chemical hood, other environmental controls, and/or safety equipment. Attach any additional pages if needed.)</i> |  |                   |  |

STUDENT CRIMINALISTICS LEARNING LAB INCIDENT REPORT

|   |  |  |
|---|--|--|
| <p>Type of Incident:</p> <p><i>(Provide a more detailed description of incident type on line preceding incident check box.)</i></p> | <input type="checkbox"/> Medical Emergency _____<br><input type="checkbox"/> Fire _____<br><input type="checkbox"/> Evacuation _____<br><input type="checkbox"/> Active Shooter _____<br><input type="checkbox"/> Violent Incident _____<br><input type="checkbox"/> Earthquake _____<br><input type="checkbox"/> Flood/Flash Flood _____<br><input type="checkbox"/> Bomb Threat _____<br><input type="checkbox"/> Shelter in Place _____<br><input type="checkbox"/> Hazardous Material _____<br><input type="checkbox"/> Equipment Malfunction _____<br><input type="checkbox"/> Other: _____ |  |
| <p>Did the Incident Result in Injury?</p>   | <p>Yes <input type="checkbox"/></p>  | <p>No <input type="checkbox"/></p>           |
| <p>If Yes, Describe Injury:</p>   |  |  |
| <p>Medical Attention Provided?</p>  | <p>Yes <input type="checkbox"/></p>  | <p>No <input type="checkbox"/></p>           |
| <p>Name of Person Contacting Medical or Police Personnel:</p>   |  | <p>Time Medical/Police Personnel Called:</p> |
| <p>If Yes, By Whom?</p> <p><i>(Provide name of agency/hospital/professional providing care on line preceding check box.)</i></p>    | <input type="checkbox"/> EMS/Paramedic _____<br><input type="checkbox"/> Physician _____<br><input type="checkbox"/> Hospital _____<br><input type="checkbox"/> Instructor _____<br><input type="checkbox"/> Student/Witness _____<br><input type="checkbox"/> Police _____<br><input type="checkbox"/> RCC Health Services _____<br><input type="checkbox"/> Refused Medical Attention _____  |  |
| <p>Did Student Receive A Copy?</p>  | <p>Yes <input type="checkbox"/></p>  | <p>No <input type="checkbox"/></p>           |
| <p>Was A Copy Filed in QD16?</p>  | <p>Yes <input type="checkbox"/></p>  | <p>No <input type="checkbox"/></p>           |
| <p>Student Signature:</p>   |  |  |
| <p>Instructor Signature:</p>  |  |  |
| <p>Date &amp; Time:</p>   |  |  |



**RIVERSIDE COMMUNITY COLLEGE DISTRICT**

MORENO VALLEY COLLEGE | NORCO COLLEGE | RIVERSIDE CITY COLLEGE

## ACCIDENT INVESTIGATION REPORT

COMPLETE ALL SECTIONS - ATTACH ADDITIONAL SHEETS IF NECESSARY  
REPORT MUST BE COMPLETED FOR ALL INCIDENTS AND FAXED TO THE RISK MANAGEMENT DEPARTMENT AT (951) 328-3502 OR EMAIL TO

WITHIN 24 HOURS OF THE INCIDENT / ACCIDENT.

| College / District Location  |                  | District/College Safety Coordinator Name                   |  | Person Reporting Incident / Accident  |  |   |  |  |
|--|------------------|--|--|---|--|---|--|--|
| Location Address   |                  |  | Location Phone Number  |   | Location Fax Number  |   |  |  |
| Employee / Injured Party Name  |                  | SSN# (Employee ONLY - last 4 Digits ONLY)                  |  | Date of Birth   |  |   |  |  |
| Employee / Injured Party Address   |                  |  |  | Phone   |  |   |  |  |
| Job Title / Student / Other  |                  | Date of Hire (Employee ONLY)                               |  | <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time<br><input type="checkbox"/> Other |  |   |  |  |
| Date of Accident   | Time of Accident | <input type="checkbox"/> AM<br><input type="checkbox"/> PM | Date Reported  |   | Late Report?<br><input type="checkbox"/> YES <input type="checkbox"/> NO |   |  |  |
| Specific Location of Accident/Near Miss  |                  |  | Injured Body Part<br>(i.e. leg, arm, back, left or right)  |   |  |   |  |  |
| Injury Type<br>(i.e. cut, pain, skin rash)   |                  |  | Visual Description of Injury<br>(i.e. bleeding, bump, redness, bruise)   |   |  |   |  |  |
| Witness Name   |                  | Witness Address  |  | Witness Phone   |  |   |  |  |
| Was First Aid Given? <input type="checkbox"/> YES <input type="checkbox"/> NO  |                  | If yes, by whom?   |  | Type of Treatment Given   |  |   |  |  |
| Treated at Medical Clinic? <input type="checkbox"/> YES <input type="checkbox"/> NO  |                  | Clinic Name  |  | Clinic Phone  |  |   |  |  |
| Equipment, materials, and/or chemicals the employee was using when injury happened?  |                  |  |  |   |  |   |  |  |
| How did the injury / near miss occur? <i>(use extra sheets of paper if necessary)</i>  |                  |  | Describe sequence of events. Get all the facts by studying the job and situation involved. Question <b>WHO, WHAT, WHY, WHERE, WHEN, and HOW</b>  |   |  |   |  |  |
|  |                  |  |  |   |  |   |  |  |
| IMMEDIATE ACCIDENT / INCIDENT CAUSE(S)   |                  |  | ROOT CAUSE(S)  | Why did these conditions exist?   |  |   |  |  |
| <b>Section A - UNSAFE ACT</b><br><input type="checkbox"/> Bypassing Safety Devices 1<br><input type="checkbox"/> Distraction / Inattention 2<br><input type="checkbox"/> Failure to Use Proper Equipment (PPE) 3<br><input type="checkbox"/> Employee Performing Tasks Outside of Job Description 4<br><input type="checkbox"/> Horseplay 5<br><input type="checkbox"/> Improper Attire 6<br><input type="checkbox"/> Improper Use of Body 7<br><input type="checkbox"/> Improper Use of Equipment 8<br><input type="checkbox"/> Incorrect Lift / Carry 9<br><input type="checkbox"/> Unsafe Speed of Task 10<br><input type="checkbox"/> Failure to Report Maintenance Issue 11<br><input type="checkbox"/> Intentional Act 12<br><input type="checkbox"/> Other 13 |                  |  | <b>Section B - UNSAFE CONDITION</b><br><input type="checkbox"/> Arrangement 1<br><input type="checkbox"/> Congestion 2<br><input type="checkbox"/> Design / Construction 3<br><input type="checkbox"/> Guarding 4<br><input type="checkbox"/> Tools/Utensils 5<br><input type="checkbox"/> Traffic (Foot or Vehicle) 6<br><input type="checkbox"/> Ventilation 7<br><input type="checkbox"/> Failure to Report/Fix Unsafe Condition 8<br><input type="checkbox"/> Maintenance Failure 9<br><input type="checkbox"/> Other 10 |   |  | <b>Section C - ROOT CAUSE CODES</b><br><input type="checkbox"/> Poor Judgment 1<br><input type="checkbox"/> Improper Attempt to Save Time 2<br><input type="checkbox"/> Infrequent Performance of Involved Task 3<br><input type="checkbox"/> Lack of Knowledge to Complete Task Safely 4<br><input type="checkbox"/> Lack of Skill 5<br><input type="checkbox"/> Lack of Experience 6<br><input type="checkbox"/> Misunderstood Directions 7<br><input type="checkbox"/> Used by Unqualified / Untrained Employees 8<br><input type="checkbox"/> Inadequate Maintenance 9<br><input type="checkbox"/> Inappropriate Peer Pressure 10<br><input type="checkbox"/> Restricted Range of Body Movement 11<br><input type="checkbox"/> Repeated Task 12<br><input type="checkbox"/> Fatigue Due to Task 13<br><input type="checkbox"/> Fatigue Due to Standing 14<br><input type="checkbox"/> Inadequate Policy / Procedure 15<br><input type="checkbox"/> Inadequate Tools, Utensils, or Equipment 16<br><input type="checkbox"/> Other 17 |  |  |
| College / District Plan to Prevent Recurrence (Summarize)  |                  |  | To be determined by Immediate / Root Causes<br>Include WHO will initiate plan, WHEN and HOW  |   |  |   |  |  |
| District/College Safety Coordinator / Reporting Manager or Supervisor Name   |                  |  |  | Today's Date  |  |   |  |  |