



Bucks County Community College
Department of Public Safety Training and Certification

1760 South Easton Road
Doylestown, PA 18901
Ph: 215.340.8417
Fax: 215.343.6794
www.bucks.edu/publicsafety

FSC# _____

Date Reported: _____	Time Reported: _____
Date of Incident: _____	Time of Incident: _____
Street Address of Incident: _____	
Municipality: _____	County: _____
Type of Incident: <input type="checkbox"/> Student Injury <input type="checkbox"/> Property Damage <input type="checkbox"/> Instructor Injury	
<input type="checkbox"/> Other _____	

Name of Injured or Equipment Type: _____	
Address: _____	
_____	Phone: _____
SSN: _____	Date of Birth: _____ Sex: M F
Organization: _____	Chief: _____

Nature of Injury/Illness/Damage: _____

Indicate Location of Injury or Damage: _____

Severity: <input type="checkbox"/> Disabling <input type="checkbox"/> Non-Disabling <input type="checkbox"/> Fatality <input type="checkbox"/> Unknown (Requires Follow-up)
Level of Care: <input type="checkbox"/> Treated at Scene <input type="checkbox"/> Transported to Medical Facility <input type="checkbox"/> Refused Treatment
<input type="checkbox"/> None Required
Name or Agency Providing Treatment/Transport: _____
Name of Medical Facility: _____

Instructor Recommendation for Prevention of Recurrence: _____	

Injured Party Recommendation for Prevention of Recurrence: _____	

Cause: <input type="checkbox"/> Fall <input type="checkbox"/> Struck By Object <input type="checkbox"/> Lifting <input type="checkbox"/> Sharp Object <input type="checkbox"/> Thermal/Burns <input type="checkbox"/> Action	
<input type="checkbox"/> Other _____	
Unsafe Act: <input type="checkbox"/> Yes <input type="checkbox"/> No _____	
Unsafe Condition: <input type="checkbox"/> Yes <input type="checkbox"/> No _____	
Sketch Attached: <input type="checkbox"/> Yes <input type="checkbox"/> No	Photos Attached: <input type="checkbox"/> Yes <input type="checkbox"/> No

In the Event Of Serious Injury or Death Notify PEMA Duty Officer Immediately **1-800-424-7362**



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Narrative:

Witness Information:

Name: _____

Name: _____

Address: _____

Address: _____

Phone: _____

Phone: _____

Lead Instructor: _____

Additional Instructors: _____

Course Name: _____ ETA: _____

Additional Notifications:

☐ ETA Representative _____ ☐ PSFA Representative _____

☐ PEMA Duty Officer _____ ☐ Other _____

☐ State Police ☐ Coroner ☐ Chief or Company Officer

Report Completed By: _____ Date: _____

Injured Party Signature: _____ Date: _____

Copy Provided To: ☐ PSFA ☐ Chief ☐ Injured Party ☐ ETA _____

Last Revised: October 2010

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