

# OHIO UNIVERSITY EMPLOYEE INCIDENT REPORT

**FOR UNIVERSITY EMPLOYEE INCIDENTS:** Supervisor (and employee) must complete form immediately after a work-related injury, illness or incident. *Employee must report any injury to their supervisor/acting supervisor before the end of their shift.* Attach additional sheets if necessary. Supervisors must investigate the incident thoroughly and submit the form within **one working day** to: Risk Management & Safety at 276 University Service Center, by fax at (740) 597-1993, or by phone at (740) 597-1994.

1. Employee (please check one)  Classified  Administrative  Bargaining  Faculty  Student Employee  
 Other (If "other" please describe) \_\_\_\_\_
2. Name \_\_\_\_\_ 3. Employee # \_\_\_\_\_ 4. Date of Birth \_\_\_\_\_ 5. Gender \_\_\_\_\_
6. Mailing Address \_\_\_\_\_ 7. City \_\_\_\_\_ 8. State \_\_\_\_\_ 9. Zip \_\_\_\_\_
10. Home Phone \_\_\_\_\_ 11. Campus Phone \_\_\_\_\_ 12. Dept \_\_\_\_\_
13. Bldg/Area/Shop \_\_\_\_\_ 14. Date Hired \_\_\_\_\_ 15. Job Title \_\_\_\_\_
16. Date incident occurred \_\_\_\_\_ 17. Time of Incident \_\_\_\_:\_\_\_\_ AM  PM
18. Time Employee Began Work \_\_\_\_:\_\_\_\_ AM/PM
19. Full name and phone # of any witnesses \_\_\_\_\_
20. What was the individual doing and where just before the incident? Describe the activity, any tools, equipment, or material the individual was using/carrying. Be specific. Examples: "climbing a ladder while carrying roofing materials", "leaving Memorial Auditorium through north doors." Please state the location on campus at time of the incident.  
\_\_\_\_\_  
\_\_\_\_\_
21. What happened? How did the injury occur? Examples: "When ladder slipped on wet floor, worker fell 20 feet". Please list any unsafe conditions/acts or violation of safety rules or practices. What went wrong?  
\_\_\_\_\_  
\_\_\_\_\_
22. What was the injury or illness? Tell us the part of the body that was affected and how. Be more specific than "hurt" or "pain", or "sore". Examples: "strained lower back", "sprained left ankle".  
\_\_\_\_\_
23. What object or substance directly injured the individual? Examples: "concrete floor", "bricks on sidewalk". If this question does not apply to the incident, leave blank \_\_\_\_\_
24. Name of Health Care Provider for this incident \_\_\_\_\_ Dr. \_\_\_\_\_ Date: \_\_\_\_\_
25. Was employee performing regular job duties?  Yes  No
26. Was employee trained in the specific job/activity involved in this incident?  Yes  No (If No, explain) \_\_\_\_\_
27. What has been/will be done to prevent this type of incident (corrections, actions, repairs, training, etc.)  
\_\_\_\_\_  
\_\_\_\_\_
28. Any pre-existing injury/condition of which you're aware that could have contributed to this  No  Yes
29. Date injury reported to supervisor by employee \_\_\_\_\_ 30. Date Investigated \_\_\_\_\_ (If date investigated is different from date reported, why? \_\_\_\_\_)
31. Death?  No  Yes If yes, date: \_\_\_\_\_
32. Supervisor's Name (please print) \_\_\_\_\_ 33. Phone # \_\_\_\_\_
33. Supervisor's Email Address \_\_\_\_\_
34. Signature of injured/ill person \_\_\_\_\_ 35. Date Report Completed \_\_\_\_\_
35. Supervisor's Signature \_\_\_\_\_

**NOTICE:** Supervisor: please give a copy of this form to the employee upon completion.