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: Human Resources & Training Center Room #118 at 169 W. Union St., by fax at (740) 597-1993, or by phone at (740) 597-1994.

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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 (Date Trained: _____) __ 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.*