

WVU EMPLOYEE INJURY/INCIDENT REPORT

Call 9-911 for:

loss of consciousness, stroke, seizures, heart attack, electric shock, allergic reaction or bleeding.

For EH&S use only

OSHA Recordable
Yes No

Reclassified

Privacy Case Needlestick Body Fluids Animal Bite
Asbestos Chemical Spill Pharmaceutical/Biohazard
WVU Occupational Medicine Health Care Evaluation Recommended
Describe on page 2 reason for Evaluation

Serious Injury (Notify within 24 hrs. for hospitalization)
Fatality (Notify within 8 hrs.)
Near Miss Exposure

SECTION ONE

1. Name of Injured: _____ 2. WVU ID No. (700 xx xxxx): _____
(Last, Suffix) (First) (Middle) [Click here to look up WVU ID](#)
3. Gender: ___ Female ___ Male 4. Date of Birth ___/___/___ or Age ___ 5. Date of Incident ___/___/___
6. Time of Incident: ___:___ AM ___:___ PM ___ during work ___ entering work ___ leaving work ___ lunch/break
7. Campus: Main ___ Potomac ___ WVUIT ___ 8. Department _____ 9. Job Title _____
10. Employment Category: (Check one) ___ Faculty ___ Staff ___ Student Employee ___ Research Corp ___ Health Sciences
11. Status: ___ Fulltime ___ Part-time ___ Temporary _____
- 12 Length of Employment: ___ years 13 Time in occupation when incident occurred: ___ years
14. Describe Exactly what happened, Include timeline of event and OBJECT or SUBSTANCE that caused harm: An example would be: slipped on wet floor, exposure to cleaning chemicals, cut with carpet knife. (For informational purposes, please submit detailed information on the attached "Incident Description Statement Form").
- 15 Location of Incident include building and room number, state if outdoors : i.e Engineering Sciences Bldg , Room G38
16. Describe the INJURY or ILLNESS and Specific BODY PART(S) affected (An example would be: cut on palm of left hand or sprained lower back)

Exposure -EHS must receive a completed copy of the "Employee Injury/Incident Report" within 24 hours of the exposure.

SECTION TWO

17. Was the victim wearing Personal Protective Equipment? (please specify) _____
18. Was the employee seen by a physician? ___ Yes ___ No 19. Name of Physician _____
20. Location of Treatment _____
21. Was employee in Emergency room? ___ Yes ___ No 22. Was employee hospitalized overnight as a patient? ___ Yes ___ No
23. Type of Treatment received: (check type)
- ___ Set Fracture/broken bone ___ Treat Infection ___ Stitches/Sutures ___ Tetanus Shot ___ Surgery
___ Prescription ___ Physical Therapy (more than once) ___ Remove foreign Object from eye
___ Hearing Loss ___ Does this issue need reviewed for ADA Concerns ___ Other-explain on back of form

Needlestick or Body Fluids — please report to local emergency room immediately (Ruby hospital after 4:30 p.m.

and call Occupational Medicine at 304.293.3693 for follow up) See link to CDC guidelines for Sharps injury treatment at <http://www.cdc.gov/niosh/stopsticks/whattodo.html>

SECTION THREE

24. Total lost work days after the day of incident _____ 25. Total days of restricted activity _____
26. If employee has not returned to work check here _____ [Please complete Employee Return-To-Work Notice](#))
27. Does employee wish to file a Worker Compensation Claim? ___ Yes ___ No
28. Does this incident require EHS to investigate for alternative information and causal factors? ___ Yes ___ No

Employee's Signature _____ Print _____ Ph. Number _____ Date _____

Supervisor's Signature _____ Print _____ Ph. Number _____ Date _____

(Or reviewer's)

INCIDENT DESCRIPTION STATEMENT FORM

Supervisor, Injured Employee, and Witness complete a separate Statement Form

Please check appropriate box

Supervisor

Employee

Observer

Name of Injured Employee: _____

Date of Injury: _____

Description of Incident: **Describe in detail exactly what happened, Include: task(s) and procedure(s) being performed, timeline of events, and OBJECT and/or SUBSTANCE that may have been involved.**

Name (Printed): _____

Signature: _____ Date: _____

Supervisors complete form and immediately fax to EHS (304) 293-7257 or mail Environmental Health and Safety Injury/Illness Prevention Program, PO Box 6551, Morgantown, WV 26506.