

WVU EMPLOYEE INJURY/INCIDENT REPORT-Report Incident within 24 hours (see emails/phone # below)

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 ___
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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? ___ 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)

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AND Amanda.Biddle@mail.wvu.edu *Medical Management*

WVU EHS Employee Incident Form Rev 01.31.2017