

STUDENT or VISITOR ACCIDENT REPORT FORM**West Virginia University
Environmental Health and Safety**

THE INJURED STUDENT OR VISITOR AND WVU DEPARTMENT REPRESENTATIVE SHOULD COMPLETE THIS FORM.

Name: _____ Status: (check one) ☐ Student or ☐ Visitor
Phone: _____
Date: _____ Time accident occurred: _____ A.M. P.M.
Sex: Male or Female (check one) Age: _____

Building/Location and Room or area in which accident occurred: _____

Description of Accident: Please describe how the accident happened. What was the injured person doing? List any specific acts by individuals or conditions that led to the accident (include any tools, machinery or instruments involved).

Nature of Injury			Part of Body Injured		
<input type="checkbox"/> Abrasion	<input type="checkbox"/> Cut	<input type="checkbox"/> Scratch	<input type="checkbox"/> Abdomen	<input type="checkbox"/> Face	<input type="checkbox"/> Leg
<input type="checkbox"/> Amputation	<input type="checkbox"/> Dislocation	<input type="checkbox"/> Shock	<input type="checkbox"/> Ankle	<input type="checkbox"/> Finger	<input type="checkbox"/> Mouth
<input type="checkbox"/> Asphyxiation	<input type="checkbox"/> Fracture	<input type="checkbox"/> Sprain	<input type="checkbox"/> Back	<input type="checkbox"/> Foot	<input type="checkbox"/> Nose
<input type="checkbox"/> Bite	<input type="checkbox"/> Laceration	<input type="checkbox"/> Splinter	<input type="checkbox"/> Chest	<input type="checkbox"/> Forearm	<input type="checkbox"/> Shoulder
<input type="checkbox"/> Bruise	<input type="checkbox"/> Poisoning	<input type="checkbox"/> Strain	<input type="checkbox"/> Ear	<input type="checkbox"/> Hand	<input type="checkbox"/> Teeth
<input type="checkbox"/> Burn	<input type="checkbox"/> Puncture	<input type="checkbox"/> Fainted	<input type="checkbox"/> Elbow	<input type="checkbox"/> Head	<input type="checkbox"/> Wrist
<input type="checkbox"/> Concussion	<input type="checkbox"/> Repetitive Stress Injury		<input type="checkbox"/> Eye	<input type="checkbox"/> Knee	
Other specify) _____			Other (specify) _____		

Was the victim wearing Personal Protective Equipment? (please specify)

Was first aid administered? Y or N

Did you receive medical treatment? Y or N

Treatment location: _____

Signed: _____
or Student WVU Department Representative

Signed: _____
Visitor

E-Mail Original to: WVUInjuryIncidentReport@mail.wvu.edu