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: (circle one) Student or Visitor
Phone: __________________________ Date: __________________

Sex: Male or Female (circle one) Time accident occurred: __________________
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)

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

<table>
<thead>
<tr>
<th>Nature of Injury</th>
<th>Part of Body Injured</th>
</tr>
</thead>
<tbody>
<tr>
<td>___Abrasion ___Cut ___Scratch</td>
<td>___Abdomen ___Face ___Leg</td>
</tr>
<tr>
<td>___Amputation ___Dislocation ___Shock</td>
<td>___Ankle ___Finger ___Mouth</td>
</tr>
<tr>
<td>___Asphyxiation ___Dislocation ___Sprain</td>
<td>___Back ___Foot ___Nose</td>
</tr>
<tr>
<td>___Bite ___Laceration ___Splinter</td>
<td>___Chest ___Forearm ___Shoulder</td>
</tr>
<tr>
<td>___Bruise ___Poisoning ___Strain</td>
<td>___Ear ___Hand ___Teeth</td>
</tr>
<tr>
<td>___Burn ___Puncture ___Fainted</td>
<td>___Elbow ___Head ___Wrist</td>
</tr>
<tr>
<td>___Concussion ___Repetitive Stress Injury</td>
<td>___Eye ___Knee</td>
</tr>
<tr>
<td>Other specify)</td>
<td>Other (specify)</td>
</tr>
</tbody>
</table>

Was first aid administered?  Y or N
Did you receive medical treatment?  Y or N
Treatment location: ____________________________

Signed: ____________________________________  Signed: ____________________________________
or Student  WVU Department Representative
Visitor

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

West Virginia University
Student or Visitor Accident Report Form

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