OSU Center for Health Sciences Injury Report

TO BE COMPLETED BY STUDENT/VISITOR

Last Name First Mid Init.	CWID:	Sex: ___M ___F	Birthdate: (mm/dd/yy) __/__/__	Work Phone#:_____ Home Phone#:_____
Dept/Unit Name: _____	Title: _____	Where did injury occur? Location: Rm #_____ Building _____		
Date of Injury (mm/dd/yy): __/__/__ Time ___:___ AM/PM (Circle One)	Body Part Injured: Finger___ Hand___ (Right/Left) Arm___ (Right/Left) Head ___ Torso ___ Leg___(Right/Left) Other _____		Witness Name(s) and Phone #:	

Was injury reported on date it occurred? ___YES ___ NO If NO, please explain.

To who was the injury reported?

What was the date/time reported?

Did you seek medical attention for this injury prior to reporting it? ___YES ___No If YES, please explain.

Describe how and what happened to cause this injury:

Has body part been injured before? ___YES ___NO If YES, please explain.

Student/Visitor Signature:_____ Date Completed: __/__/_____

Type of Event	Contributing Condition	Contributing Behavior
__Struck by (what) _____ __Caught in/under/between __Overexertion __Patient Handling __Material Handling __Fall/Slip/Trip __Chemical or other exposure __Body fluid splash __Need lestick or Sharps __Other _____	__Equipment defect or failure __PPE (personal protective equipment) unavailable __Work area set-up/arrangement __Floor/work surfaces __Ventilation __Lighting __Disassembling equipment __Safety device not activated (needle/sharp) __Lack of training __Other _____	__Inattention to task __Rushing or hurried __Failure to get assistance __Not using assistive device (lift equipment) __Procedure not followed __Unbalanced/poor position or motion __Bypassing safety device __Failure to wear PPE __Lack of experience by other person(s) __Other _____

	__Other _____	

Action Taken to Prevent Reoccurrence (Check)

__Scheduled safety training
__Developed/revised safety procedure
__Ordered PPE
__Took equipment out of service for repair/replacement
__Reviewed policy/procedure
__Ordered or posted hazard/warning signs
__Reported equipment/condition to _____
__Counseled Student _____
__Other _____

Police/Safety Signature:	Phone #:	Date Completed: (mm/dd/yy) ___/___/____