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: _____ Time accident occurred: _____

Sex: Male or Female (circle 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		
___ Abrasion	___ Cut	___ Scratch	___ Abdomen	___ Face	___ Leg
___ Amputation	___ Dislocation	___ Shock	___ Ankle	___ Finger	___ Mouth
___ Asphyxiation	___ Fracture	___ Sprain	___ Back	___ Foot	___ Nose
___ Bite	___ Laceration	___ Splinter	___ Chest	___ Forearm	___ Shoulder
___ Bruise	___ Poisoning	___ Strain	___ Ear	___ Hand	___ Teeth
___ Burn	___ Puncture	_ Fainted	___ Elbow	___ Head	___ Wrist
___ Concussion	___ Repetitive Stress Injury		___ Eye	___ Knee	
Other specify) _____			Other (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: Carol.Wells@mail.wvu.edu , Mike.Gansor@mail.wvu.edu