**WVU EMPLOYEE INJURY/INCIDENT REPORT** **(Case #_____)**

**Contact within 24 hours:** Environmental Health and Safety (EHS) (304-293-3792). You can call in the injury @ 304.293.HURT (for Med Mgmt)) and report the high-lighted information. ***Supervisors*** complete **both pages** and immediately fax to EHS (304)293-7257 and Med Mgmt (304)293-2644

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|---|---|---|---|
| **For EH&S use only**<br>**OSHA Recordable**<br>**___ Yes ___ No__** | **Reclassified __** | **Privacy Case___**<br>**WVU Occupational Medicine Health Care Evaluation Recommended ___**<br>**Describe on page 2 reason for Evaluation** | **Serious Injury ___**<br>**Fatality __**<br>***Near Miss***___ |

**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)*

**SECTION TWO**

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

**18.** Was the employee seen by a physician? ___Yes ___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 Other (explain)_____

**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. Was Worker Compensation Filed? _____Yes _____No

Employee's Signature _____ Print _____Ph. Number_____Date_____

Supervisor's Signature_____ Print_____ Ph. Number_____Date_____

Reviewer's Signature _____Print_____ Date_____

(**EHS use only) Healthcare Needlestick injuries only: Sharps Injury: _____ Body Fluids Exposure ____**

***RETURN FORM: Environmental Health and Safety - PO Box 6551 Morgantown, WV 26506-6551 --Fax (304) 293-7257***
***Email Forms to the persons listed below:***



***Email:*** ***Carol.Wells@mail.wvu.edu*** ***and*** ***Amanda.Biddle@mail.wvu.edu***
and sgraham@hsc.wvu.edu Stephanie Graham-Sims for Health Sciences injury reports

# INCIDENT DESCRIPTION STATEMENT FORM

Supervisor, Injured Employee, and Witness complete a separate Statement Form

Please check appropriate box

☐ Supervisor ☐ Employee ☐ Witness

Name of Injured Employee: _____

Date of Injury: _____

Description of Incident: **Describe in detail exactly what happened, Include: task(s) and procedure(s) being performed, timeline of events, and OBJECT and/or SUBSTANCE that may have been involved.**

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Name (Printed):_____

Signature: _____ Date: _____

**Supervisors complete form and immediately fax to EHS (304) 293-7257 or mail Environmental Health and Safety Injury/Illness Prevention Program, PO Box 6551, Morgantown, WV 26506**



***Email:*** ***Carol.Wells@mail.wvu.edu*** ***and*** ***Amanda.Biddle@mail.wvu.edu***
and sgraham@hsc.wvu.edu Stephanie Graham-Sims for Health Sciences injury reports