Injury/Illness Form for Field Use (non-employees)

This form is **NOT** intended for use with BGSU employees (permanent, temporary, or student employees). This form is intended to act as a tool in the field to collect data from contractors, students, and visitors should they become injured or ill during a BGSU educationally related event (on or off campus) or injured anywhere on BGSU property. The information collected on this form will then need to be submitted electronically by anyone possessing a BGSU username and password using the injury/illness application, which can be found at [https://services.bgsu.edu/InjuryIllnessForm/](https://services.bgsu.edu/InjuryIllnessForm/).

**Part 1: University Affiliation of Injured/Ill Person**

_____ Visitor  _____ Student  _____ Contractor

**Part 2: Injured/Ill Persons Contact Information**

First Name:_______________  Last Name:_______________  Phone:_______________

Gender:  _____Male  _____Female  _____Other

**Part 3: Incident Information**

Date of Incident:__________  Time of Incident:__________  PM/AM (circle one)

Did the injury/illness occur inside a building?  _____Yes  _____No

*If “yes”, please complete the following to the best of your ability:

Building injured in:_______________  Room number:_____ (if applicable)

Area (i.e. parking lot, bathroom, building entrance, hallway, etc.):_______________________________

Was there property damage?  _____Yes  _____No  *If yes, please describe:____________________

Cause of injury/illness (i.e. fall on same level, struck by, overexertion, etc.):_____________________________

Nature of injury/illness (check all that apply):

_____Amputation  _____Dermatitis  _____Inflammation

_____Animal bite/sting  _____Dislocation  _____Poisoning

_____Burn/chemical  _____Electric shock/electrocution  _____Radiation

_____Burn/heat  _____Fracture  _____Repetitive Motion

_____Concussion  _____Freezing/frostbite  _____Scratch/abrasion

_____Contusions/bruise  _____Hearing loss  _____Sprain/strain

_____Contusions/Cuts/bruise  _____Heat stroke  _____Unknown

_____Cut/Puncture  _____Hernia/rupture  _____Other

*If “other”, please explain:______________________________
Injury Source (i.e. animals/insects, chemicals, clothing, boxes/containers, hand tool, scrap/debris/waste, etc.):
__________________________________________________________________________________________

Specific body parts affected (be sure to list which side i.e. left, right, front, etc.):
__________________________________________________________________________________________

What happened? Describe how the injury or illness occurred (including the activity, equipment, materials, etc. used):
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________

Was anyone present at the time of the injury/illness? _____Yes _____No
*If “yes”, please list names and phone numbers:
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________

Please provide any statements or information available from these individuals about the incident. If more than one person was present, please indicate which person provided the additional information:
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________

Were any machines or equipment involved? _____Yes _____No *If “yes”, please complete the following:
Name of equipment:_________________ Manufacturer:______________ Location:_________________

List other factors involved in incident (walking surfaces, event practices, area design, weather, previous incidents, etc.):
__________________________________________________________________________________________
__________________________________________________________________________________________

What actions have or will be completed to prevent similar incidents in the future:
__________________________________________________________________________________________
__________________________________________________________________________________________

Person accountable to complete action:_______________ Target completion date:_______________

**Part 4: Report Preparer**

Prepared by first name:_________________
Prepared by last name:_________________
Phone:_________________

Rev. Date: 1-28-19