

**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/>.

**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/Crush/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: \_\_\_\_\_