

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

DO NOT submit a completed version of this form to Environmental Health and Safety. The intent behind this temporary form is to provide staff the ability to collect information in the field for incidents involving visitors, contractors, and students. It is **NOT** intended for use with BGSU injured/ill employees who were working at the time of incident. Following the usage of this form, the information must be submitted electronically using the university's online form.

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, bodily reaction, 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, bodily motion, buildings/structures, equipment, food products, 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 (include the activity, equipment, materials, etc. involved):

Was anyone present at the time of the injury/illness? ____Yes ____No

*If "yes", please list names and phone numbers of those present:

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, 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: _____

Are there any other details worth mentioning?: _____