Environmental Health & Safety Offices 55
Hughes Hall
Office: (513) 529-2829

Incident Report for Non-Occupational Accident/Injury
Email report to: injuryreport@listserv.miamioh.edu

Name: ____________________ **Daytime Phone No.**: ____________
Street: ____________________ **City**____________ **State** ____ **Zip** ______
Sex: Male __ Female __ **Age**: ______ **Employee** __ **Student** __ **Visitor** __

Location of Incident: ____________________
Time & Date of Incident: ____________________
Witness Name:____________________ **Daytime Phone No**:____________
If applicable: Course No: ____________ Course Instructor: ____________________

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1. **Injured party's account of accident: (explain in detail how the accident occurred) injured party must sign below to attest accuracy of event***
____
____
____
____
____

2. **Activity being done at the time of the injury:**
____
____
____
____
____

3. **Specific part of body injured**
____
____
____

First Aid Rendered (Check all that apply)
___ Injured party's self-care*
___ Recommended Miami Police be called
___ Injured party refused Miami Police recommendation*
___ Called Miami Police
___ Left area, no information
___ Referred to health service
___ Miami Police to hospital
___ Lifesquad to hospital

Notified Progam Staff (name below)
____

Notified Director (name below)
____

Describe Care Given
____
____
____

Nature of Suspected Injury or Illness:

Injury	**Illness**
__ Bruise	__ Allergic Reaction
__ Concussion	__ Hyperventilation
__ Cut	__ Diabetic Reaction
__ Closed Wound	__ Fever
__ Dental	__ Faint
__ Spinal Injury	__ Gastrointestinal
__ Sprain/Strain	__ Heart (angina, arrest)
__ Dislocation	__ Heat Reaction
__ Fracture	__ Respiratory
__ Puncture	__ Seizure
__ Other	__ Other
____________	____________
____________	____________

Follow-up information

Degree of Treatment: __ No Treatment Required __ First Aid Only __ Medical Treatment Required
Treatment Provided By: ____________________

____
Injured Party's Signature if **STAFF PROVIDED CARE**
(parent or guardian if victim is under 18)

____
Date Form Completed

____
Injured Party's Signature **REFUSAL OF CARE**
(parent or guardian if victim is under 18)

____
Date Form Completed

Scan and email report to: injuryreport@listserv.miamioh.edu

To be completed by the Department of Environmental Health & Safety personnel ONLY!

____________ Case Number
____________ Investigated by
____________ Date of Investigation

Was further investigation necessary? Yes __ (If yes, use a separte form for details)
No __

Witness's Information

Name ______________________________ Telephone ____________________
Address ______________________________ City ______________ State _____ Zip ___________

Witness's Account of Action: (explain in detail the events, actions, and conditions that may have contributed to the injury)

____
____
____
____
____

Witness's Signature: ____________________________ Position (if staff member) ___________________________ Date: ________________

Report Filer's Information

Name ______________________________ Telephone ____________________
Address ______________________________ City ______________ State _____ Zip ___________

Report Filer's Account of Action: (explain in detail the events, actions, and conditions that may have contributed to the injury)

____
____
____
____
____

Report Filer Signature: ____________________________ Position (if staff member) ___________________________ Date: ____________

Office Action

Follow-up Comments:

Date Call / Contact made: ________________________________ Your Name: ________________________________

Comments:

____
____
____
____

Reviewed by: ____

Position: ________________________________ Date: ________________________________

Copies

This form has been copied to: (list program area and supervisor)

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