FAIRMONT STATE UNIVERSITY/PIERPONT COMMUNITY & TECHNICAL COLLEGE

STUDENT/VISITOR INJURY & ILLNESS FORM

This form should be completed by the student, supervising adult or visitor following all accidents, or incidents that occur within the schools jurisdiction or purview that:

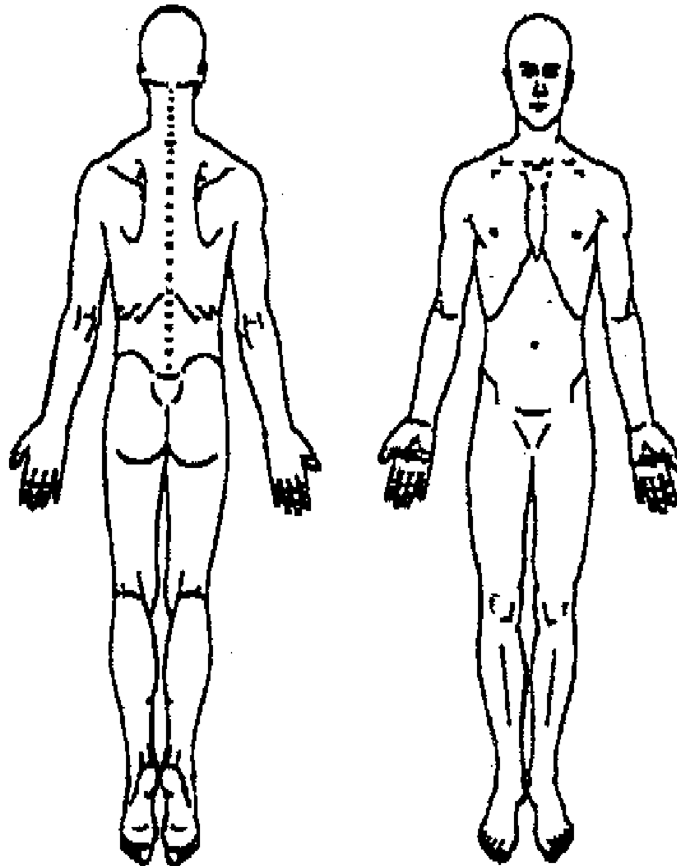
1. Results in the injury of a student, or visitor.
2. Results in property damage.
3. Involves a student at a practicum or on any trip directly related to the students program at the institution.
    a. Students on internships are under the employment of a company and are subject to that company's injury reporting procedures.

Please complete the following form with as much detail as possible. Attach additional pages as necessary, including reports from witnesses. When completed please forward the form to Facility Safety located in the Physical Plant office 103, Fax 304-367-4656, within 24 hours. Please retain a copy for your records.

Status: ☐ Student ☐ Visitor	Date of accident/incident: (MM/DD/YYYY)	Time of accident/incident: AM PM	
Name: (Last, First MI)			
Phone Number:	Email Address:		
Address:	City:	State:	Zip Code:
Accident/Injury location: (e.g. building, floor and room)			

Body Part(s) Injured (Check ALL that apply AND circle the areas on the body diagram provided):

- ☐ Arm
- ☐ Abdomen
- ☐ Ankles
- ☐ Back
- ☐ Chest Ribs
- ☐ Ears
- ☐ Elbow
- ☐ Eyes
- ☐ Face
- ☐ Feet
- ☐ Fingers
- ☐ Full Body
- ☐ Groin
- ☐ Hand
- ☐ Other ______________________________
- ☐ Head
- ☐ Hip
- ☐ Internal
- ☐ Knees
- ☐ Legs
- ☐ Mouth/ Teeth
- ☐ Neck/ Throat
- ☐ Nose
- ☐ Pelvis
- ☐ Shoulder
- ☐ Skin
- ☐ Toes
- ☐ Wrist



http://www.docstoc.com/docs/23694266/Regional-Community-Services-Incident-Report

Type of Injury (Check all that apply)

- ☐ Abrasion
- ☐ Amputation
- ☐ Burn
- ☐ Chemical reaction
- ☐ Crush
- ☐ Cut/ Laceration
- ☐ Death
- ☐ Dislocation
- ☐ Fracture
- ☐ Puncture
- ☐ Shock/electrocution
- ☐ Sprain/ Strain

Please provide in as much detail as possible, a description of the accident/incident. Also, please provide names of witnesses (witness statements may be attached to this form).	
Was first-aid rendered? Yes No	Have medical services been rendered to the Student/Visitor? ☐ Yes ☐ No If yes, please list location and by who:

Student/Visitor Signature:	Date:
Contact information (if completed by someone other than the injured) Name: Phone Number:	
Faculty/Staff Signature:	Date:

FOR INTERNAL USE ONLY
Received Date:
Received By:
Signature: