FAIRMONT STATE UNIVERSITY

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.
   Please note, students on internships are under the employment of a company and are subject to that company's injury reporting procedures.

All injuries must be submited within 24 hours of occurance. Please complete the form with as much detail as possible. Attach additional pages as necessary, including reports from witnesses. Please email completed form to Environmental Health & Safety at EHS@fairmontstate.edu. Follow up with original signed form via campus mail to the Safety Manager, Facilities Department, Room 106. Please retain a copy for your records. For questions or to report urgent accidents/injuries, please call (304) 367-4110.

Status: ☐ Student ☐ Visitor	Date of accident/incident: (MM/DD/YYYY)	Time of accident/incident: AM PM

Name of Injured: (Last, First MI)

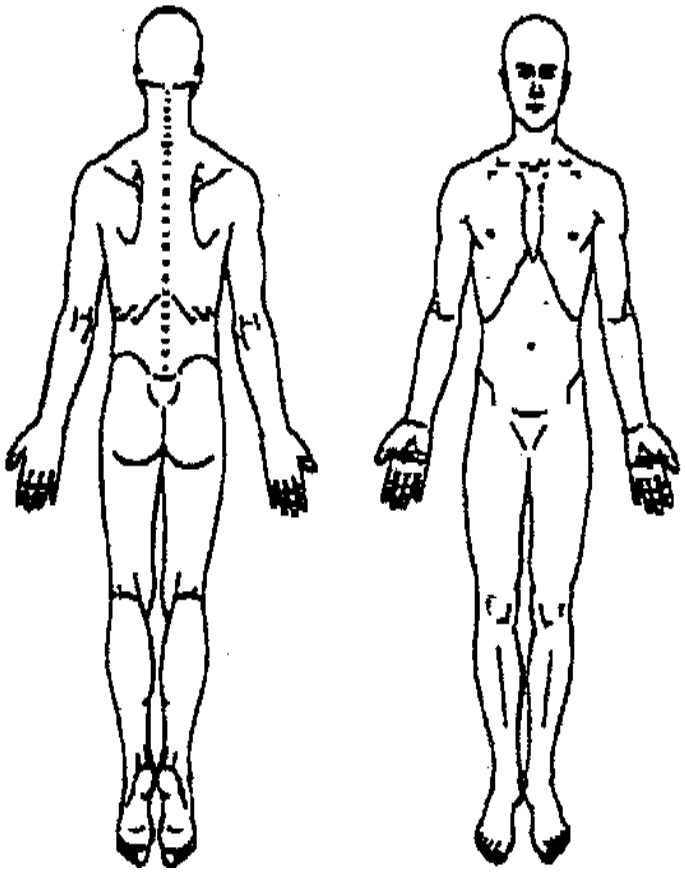
Phone Number:	Email Address:

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
- ☐ Head
- ☐ Hip
- ☐ Internal
- ☐ Knees
- ☐ Legs
- ☐ Mouth/ Teeth
- ☐ Neck/ Throat
- ☐ Nose
- ☐ Pelvis
- ☐ Shoulder
- ☐ Skin
- ☐ Toes
- ☐ Wrist
- ☐ Other _____



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 If yes, please list:	Have medical services been rendered to the Student/Visitor? ☐ Yes ☐ No If yes, please list location and by who:

Person Completing Form (Print):

Name (Sign): Date:

Responsible Person/ Supervising Adult/ Faculty/ Staff (Print):

Name (Sign): Phone Number:

Email: Date:

FOR INTERNAL USE ONLY

Received Date:

Received By (Print):

Recieved By (Sign):