Illness/Injury Report Form

1. ETSU colleges and departments are required to complete this form for incidents (i.e. minor injuries involving first aid, near miss events, etc.) involving employees, students and guests when Public Safety is not called. The report must then be faxed to Public Safety (423-439-5805) within 24 hours of the event.

2. Public Safety is required to scan all the completed forms and send to listserv: injuryreports@listserv.etsu.edu

3. Employees who have received a work-related illness or injury must contact Corvel (State of Tennessee Workers' Compensation Program) at (866) 245-8588 with their immediate Supervisor prior to seeking medical treatment unless the illness/injury is life-threatening. For more information regarding Worker's Compensation, please contact Human Resources or click the link http://www.etsu.edu/safety/occupational/accidents.php

Person Injured

Name of person injured: ___________________________ Today’s Date: __________ Time of report: ________ AM/PM

Employee [ ]   Student [ ]   Guest [ ]   Volunteer [ ]   E#: ___________________________

Phone Number: ___________________________ Date of Birth: __________ Male [ ] Female [ ]

Race: White [ ] Black [ ] Asian [ ] American Indian/Alaska Native [ ] Indian [ ] Other [ ]

Full Address (CITY, STATE, ZIP): ___________________________

Date of Injury/Incident: __________ Time of Injury/Incident: __________ AM/PM

Was injured person transported to the Emergency Room? YES/NO BY EMS YES/NO

Full address (City, State, Zip) of incident (Room #, Building, Floor, etc.). Take photos if necessary:

__________________________

Weather conditions (if outside): ___________________________

Lighting conditions: ___________________________

Footwear of injured: ___________________________

Alcohol use involved: YES/NO Illegal drug use involved: YES/NO

Witness Information

Name of witness: ___________________________ E#: ___________________________

Employee [ ]   Student [ ]   Guest [ ]   Volunteer [ ]   Phone: ___________ Male [ ] Female [ ]

Race: White [ ] Black [ ] Asian [ ] American Indian/Alaska Native [ ] Indian [ ] Other [ ]
Person Reporting Information

☐ Same as person injured:

Name of person reporting: ___________________________ Today’s Date: _______ Time of report: ______ AM/PM

Employee ☐ Student ☐ Guest ☐ Volunteer ☐ E#: ___________________________

Phone Number: ___________________________ Date of Birth: __________________ Male ☐ Female ☐

Race: White ☐ Black ☐ Asian ☐ American Indian/Alaska Native ☐ Indian ☐ Other ☐

Full Address (CITY, STATE, ZIP):

________________________________________________________________________

________________________________________________________________________

Narrative

Summary of how the incident occurred:

________________________________________________________________________

________________________________________________________________________

What was the injury or illness? Explain what body part was affected and how it was affected. Be specific:

________________________________________________________________________

________________________________________________________________________

Circle the affected area:

________________________________________________________________________

What was the victim doing just prior to the incident? Describe the activity: ___________________________

________________________________________________________________________

Other Comments: ___________________________

ETSU employee completing this incident report:

Name: ___________________________ Signature: ___________________________

E#: ___________________________ Email: ___________________________ Phone: ___________________________ Date: ______