

## **Accidents and Injuries**

In order to assist with accurate and timely reporting of incidents/accidents, ETSU has a reporting mechanism in place to insure proper documentation and follow-up of the event. All accidents and injuries occurring on ETSU owned or leased property must be documented. Emergencies should be reported to Public Safety (423-439-4480 or 911 from campus landlines) immediately for proper medical treatment. Public Safety will arrive to assist with the injured and dispatch other emergency personnel if needed. Public Safety will complete the Injury/Illness Report Form (see below). ETSU colleges and departments are required to complete this form for incidents (i.e. minor injuries involving first aid, near miss events, etc.) involving 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.

If the injury occurs to Faculty and Staff employees, additional paperwork must be completed and sent to ETSU Human Resources (see Human Resource forms at <http://www.etsu.edu/humanres/forms.aspx> ).



**Illness/Injury Report Form**

1. Public Safety must complete this form for all incidents they respond to. ETSU colleges and departments are required to complete this form for incidents (i.e. minor injuries involving first aid, near miss events, etc.) involving 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 fax all completed reports to Environmental Health & Safety (423-439-6030), University Counsel (423-439-8555), and the President's Office (423-439-4004) within 24 hours of receipt.
3. This form is an internal reporting document only and does not replace any other reporting requirements (i.e. Workers Compensation Accident Forms).

Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Employee  Student  Guest  Volunteer  E# \_\_\_\_\_

Phone Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

FULL Address: \_\_\_\_\_

\_\_\_\_\_  
(CITY, STATE, ZIP)

Male  Female  Time of this report: \_\_\_\_\_ AM / PM

Date of Injury/Incident: \_\_\_\_\_ Time of injury/Incident: \_\_\_\_\_ AM / PM

Was victim transported to an emergency room?  YES  NO BY EMS

Exact location of incident (**take photos if necessary to identify location and hazards, if present**):

\_\_\_\_\_  
\_\_\_\_\_

Weather conditions (if outside): \_\_\_\_\_

Lighting condition: \_\_\_\_\_

Footwear of victim: \_\_\_\_\_

Alcohol use involved  Illegal drug use involved

Name(s) of witnesses -including phone #(s):

\_\_\_\_\_  
\_\_\_\_\_

Victim's summary of how the incident occurred:

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

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*Place a dot on the body part affected:* \_\_\_\_\_

What was the victim doing just prior to the incident? *Describe the activity:* \_\_\_\_\_

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Other Comments \_\_\_\_\_

**Public Safety Officer or ETSU employee completing this incident report:**

**Name** \_\_\_\_\_ **Signature** \_\_\_\_\_