Incident / Injury Report Form

(If OSU employee is injured, use Employee Accident Report: hr.osu.edu/public/documents/forms/accidentrpt.pdf)

☐ Incident
☐ Injury
☐ Both

Date and Time Occurred ____/____/____; _____am/pm

Date and Time Reported ____/____/____; _____am/pm

Instructor / Supervisor Name: _____

Where Occurred

Program/Class _____ Location _____

Address _____ City _____ State _____ ZIP _____

Nature of Incident (Check all that apply.)

- ☐ Alcohol / Drugs
- ☐ Equipment or Property Damage
- ☐ Facility Emergency
- ☐ Fighting / Behavior
- ☐ Fire
- ☐ Injury / Illness (see pg. 2)
- ☐ Intruder
- ☐ Missing Person
- ☐ Theft
- ☐ Vandalism
- ☐ Weather-related
- ☐ Other (Describe)

Name of Person(s) Involved in the Incident / Injury (Add additional pages as needed.)

Name _____ Name _____

Phone _____ (H / W / C) Phone _____ (H / W / C)

Address _____ Address _____

City / State / Zip _____ City / State / Zip _____

Details of Incident/Injury

Describe in detail: What was/were the participant(s) doing at the time of the incident/injury; what was said/done, by whom to whom, when, how, etc., including loss or damage to property; add additional pages as needed.

Incident / Injury Report Form (cont.)

Nature of Suspected Injury or Illness (Check all that apply.)

Injury

- ☐ Bite – Animal _____
- ☐ Bite – Human
- ☐ Broken Bone
- ☐ Concussion
- ☐ Cut or Puncture
- ☐ Dental
- ☐ Dislocation
- ☐ Sprain/Strain
- ☐ Other (Describe)

Illness

- ☐ Allergic Reaction
- ☐ Collapse / Faint
- ☐ Diabetic Reaction
- ☐ Eye Related
- ☐ Heart
- ☐ Respiratory
- ☐ Seizure
- ☐ Other (Describe)

Nature of Suspected Injury or Illness (Check all that apply.)

- ☐ Participant gave self-care
- ☐ Participant left area, no information
- ☐ Referred to health services
- ☐ Attended by (list names):

- ☐ EMS (ambulance)

  Time Called: _____ Time of EMS Arrival: _____ Time of Departure: _____

- ☐ Transported to hospital / clinic

  Transported by: _____ Time of Departure: _____

  Name of hospital / clinic: _____

Witnesses

Name: Phone Number:

Name: Phone Number:

Participant Emergency Contact Contacted ☐ No ☐ Yes, as listed below

Name: Date / Time:

Name / Title / Signature of Person Completing This Report

Printed Name Title Signature Date

Submit completed forms to Dev Singer, Business Operations Manager, in the Department of Theatre, Film, and Media Arts:
472 Theatre, Film, and Media Arts Building / singer.95 @osu.edu