



Case # \_\_\_\_\_

## ACCIDENT/INJURY/EXPOSURE REPORT

The HR Department must be notified immediately on extension 4278. All accident/injury/exposure forms must be completed and forwarded to HR by the supervisor within three business days.

Date of Injury/Exposure: \_\_\_\_\_ Time: \_\_\_\_\_  a.m.  p.m.

Date of Report: \_\_\_\_\_

Name of Injured/Exposed Party:

\_\_\_\_\_ Last First MI

SS#: \_\_\_\_\_ Department: \_\_\_\_\_

Home Address:

\_\_\_\_\_ Street/Apt. # City State Zip

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

Job Title: \_\_\_\_\_ Supervisor \_\_\_\_\_

Male  Female  Other Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Hire Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Location Where Accident/Injury/Exposure Occurred

\_\_\_\_\_

Type of Employee:  Staff  Student Worker  Volunteer  Other

What was the injured/exposed party doing just before the incident occurred? Then what happened? (Be specific – describe the activity as well as note any tool, equipment, material the employee was using. Use additional sheet if necessary)




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Describe the injury/illness sustained. (Indicate specific part of body affected and how affected; include what object or substance that directly harmed the employee – use additional sheets if needed)


Was injured/exposed party taken for emergency treatment?     Yes     No

If yes,

Facility Name:
Address:
Phone:
Physician's Name:

List name, addresses, and telephone numbers of witness(es) to the accident/ injury/exposure.

Name	Phone	Address

**Prepared by:**

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Date: \_\_\_\_\_

**Report Submitted to:**

- \_\_\_\_\_ R&D Human Resources
- \_\_\_\_\_ WVSU University Police Department
- \_\_\_\_\_ WVSU Safety and Compliance Officer