



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 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)



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.

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