

Call 9-911 for: loss of consciousness, stroke, seizures, heart attack, electric shock, allergic reaction or bleeding and Call EHS @ 304-293-3792 to report.

For EH&S use only	Reclassified <input type="checkbox"/>	<input type="checkbox"/> Privacy Case <input type="checkbox"/> Needlestick <input type="checkbox"/> Body Fluids <input type="checkbox"/> Animal Bite <input type="checkbox"/> Asbestos <input type="checkbox"/> Chemical Spill <input type="checkbox"/> Pharmaceutical/Biohazard WVU Occupational Medicine Health Care Evaluation Recommended Describe on page 2 reason for Evaluation	Serious Injury (Notify within 24 hrs. for hospitalization) Fatality (Notify within 8 hrs.) Near Miss <input type="checkbox"/> Exposure <input type="checkbox"/>
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SECTION ONE:

1. Name of Injured: _____ 2. WVU ID No. (700 xx xxxx):
 (Last Name, First Name) (Middle) **WVU ID Number REQUIRED to process incident**

3. Gender: Female Male 4. Date of Birth: _____ or Age 5. Date of Incident: _____

6. Time of Incident: _____ AM _____ PM during work entering work leaving work lunch/break

7. Campus: Main Potomac WVUIT 8. Department: _____ 9. Job Title: _____

10. Employment Category: (Check one) Faculty Staff Student Employee Research Corp Health Sciences

11. Status: Fulltime Part-time Temporary

12. Length of Employment: _____ years 13. Time in occupation when incident occurred: _____ years

14. Describe Exactly what happened, Include timeline of event and OBJECT or SUBSTANCE that caused harm: *An example would be: slipped on wet floor, exposure to cleaning chemicals, cut with carpet knife. (For informational purposes, please submit detailed information on the attached "Incident Description Statement Form").*

15. Location of Incident include building and room number, state if outdoors : i.e. Engineering Sciences Bldg., Room G38

16. Describe the INJURY or ILLNESS and Specific BODY PART(S) affected: (An example would be: cut on palm of left hand or sprained lower back)

Exposure -EHS must receive a completed copy of the "Employee Injury/Incident Report" within 24 hours of the exposure.

SECTION TWO:

17. Was the victim wearing Personal Protective Equipment? (please specify) _____

18. Was the employee seen by a physician: Yes No 19. Name of Physician: _____

20. Location of Treatment: _____

21. Was employee in Emergency room? Yes No 22. Was employee hospitalized overnight as a patient? Yes No

23. Type of Treatment received: (check type)

Set Fracture/broken bone Treat Infection Stitches/Sutures Tetanus Shot Surgery

Prescription Physical Therapy (more than once) Remove foreign Object from eye

Hearing Loss Does this issue need reviewed for ADA Concerns Other-explain on back of form

Needlestick or Body Fluids – please report to local emergency room immediately (Ruby hospital after 4:30 p.m. and call Occupational Medicine at 304.293.3693 for follow up) See link to CDC guidelines for Sharps injury treatment at <http://www.cdc.gov/niosh/stopsticks/whattodo.html>

SECTION THREE:

24. Total lost work days after the day of incident _____ 25. Total days of restricted activity _____

26. If employee has not returned to work check here _____

27. Does employee wish to file a Worker Compensation Claim? Yes No

Employee's Signature _____ Print _____ Ph. Number _____ Date _____

Supervisor Signature _____ Print _____ Ph. Number _____ Date _____

Complete form and immediately email to: WVUInjuryIncidentReport@mail.wvu.edu (preferred) or fax to EHS (304) 293-7257, or mail Environmental Health and Safety Injury/Incident, PO Box 6551, Morgantown, WV 26506. WVU EHS Employee Injury/Incident Form Rev 5. 5. 2023

PLEASE PROVIDE ONLY THE INFORMATION THAT IS REQUESTED ON THIS FORM

