OHIO STATE UNIVERSITY EXTENSION

Program Participant Incident/Injury Report

(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 (If not at time of occurrence) ___/___/___; _________ am/pm

Program Sponsor (County/unit) __________________________________________

Where Occurred Indicate name of program and provide specific details about exact location (e.g., OSU Extension office XX county, conference room), and address.

Program __________________________ Location __________________________
Address __________________________________ City __________________________ State ____ ZIP ______

Nature of Incident (Check all that apply.)

☐ Alcohol/Drugs ☐ Facility Emergency ☐ Intruder ☐ Other (Describe)
☐ Argument ☐ Fighting ☐ Missing Person ☐ Theft
☐ Behavior Problem ☐ Fire ☐ Vandalism ☐ Weather Related
☐ Equipment/Property Damaged ☐ Inappropriate Language ☐ Injury/Illness (see p. 2) ☐ Other (Describe)

Name of Participant(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 ______
Birthdate __________ Age ____ Gender ☐ Female ☐ Male Birthdate __________ Age ____ Gender ☐ Female ☐ Male

Check One ☐ 4-H Youth ☐ Volunteer ☐ Parent ☐ Visitor  Check One ☐ 4-H Youth ☐ Volunteer ☐ Parent ☐ Visitor
☐ Other __________________________ ☐ Other __________________________

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.)
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Nature of Suspected Injury or Illness  □ N/A

Injury
☐ Bite-Animal
☐ Bite-Human
☐ Broken Bone
☐ Concussion
☐ Cut-requires stitches
☐ Dental
☐ Dislocation
☐ Puncture
☐ Spinal Injury
☐ Sprain/Strain
☐ Other (Describe)

Illness
☐ Allergic Reaction
☐ Collapse/Faint
☐ Diabetic Reaction
☐ Eye Related
☐ Heart (angina, arrest)
☐ Respiratory
☐ Seizure
☐ Other (Describe)

Care Rendered (Check all that apply.)  □ N/A
☐ Participant gave self-care
☐ Participant left area, no information
☐ Referred to health services
☐ Attended by (list names):
   Staff __________________________________________
   Volunteer ______________________________________
   EMT ___________________________________________
   Other __________________________________________
☐ EMS (ambulance) - Time Called ___:___ am/pm
   Time of EMS Arrival ___:___ am/pm and Departure ___:___ am/pm
   Describe action taken by staff and/or EMS ________________________________

☐ Transported to hospital/clinic -- Time of Departure ___:___ am/pm
   Time of Arrival at hospital/clinic ___:___ am/pm
   Transportation provided by ______________________________
   Name of hospital/clinic __________________________________________

Witness(es) (Attach any documentation you have along with contact information of additional witnesses, as needed.)

Name ____________________________  Name ____________________________
Phone (____) ____________________ (H, W, C)  Phone (____) ____________________ (H, W, C)
Address __________________________  Address __________________________
City __________ State _____ ZIP ______
City __________ State _____ ZIP ______
Age __________ Gender □ Female □ Male
☐ 4-H Youth ☐ Volunteer ☐ Parent ☐ Visitor
☐ Other ______________________________
Age __________ Gender □ Female □ Male
☐ 4-H Youth ☐ Volunteer ☐ Parent ☐ Visitor
☐ Other ______________________________

Participant Emergency Contact/Parent/Guardian Contacted  □ No  □ Yes, as listed below

Name __________________________________________  Date/time __/__/____; _________ am/pm

Name/title/signature of Person Completing This Report

Printed Name __________________________  Title __________  Signature __________________________  Date __________

Action Taken  □ Documented, No Further Action Needed  □ Referred to State Office, List who: __________________________

If the incident is related to child abuse/neglect, please also complete the child abuse and neglect incident report, found at go.osu.edu/policy150form.