CFAES Student Injury Report Form Guidelines

The OSU College of Food, Agricultural, and Environmental Sciences provides the following Student Injury Report Form and guidelines to document and track the occurrence of student injuries. Complete the form when an injury leads to any of the following:

1 Care needed is greater than general first aid.
2 The student seeks medical attention (OSU Student Health Services, health care provider office, urgent care center, or emergency department).
3 EMS 9-1-1 is called.

The information collected on the injury report form will be used to document the incident and will be reviewed by the CFAES Safety and Health Coordinator to guide CFAES policies and procedures as needed to remedy hazards.

Instructions

• Student, faculty / staff and location information: self-explanatory.
• Check the box to indicate the location that the incident occurred.
• Check the box to indicate if equipment was involved; describe involved equipment.
• Check the appropriate box(es) for factors that may have contributed to the student’s injury.
• Using the chart, check the body area(s) where the student was injured and indicate what type of injury occurred. Include all body areas and injuries that apply.
• Incident response: include all areas that apply.
• Provide a detailed description of the incident. Indicate any witnesses to the event and any staff members who were present. Attach another sheet if more room is needed.
• Sign the completed form.
• Route the form to the Department Chair and the contacts at the bottom of the “Student Injury Report”.
• Original form and copies should be filed accordingly within the department.

More information can be found at OSU Student Health Services: https://shs.osu.edu/
# OSU College of Food, Agricultural, and Environmental Sciences

## Student Injury Report (non-employee)

### Student information

<table>
<thead>
<tr>
<th>Name</th>
<th>Student ID #</th>
<th>Date of incident</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of birth</td>
<td>Email (#)</td>
<td>Time of incident</td>
</tr>
<tr>
<td>☐ Male</td>
<td>☐ Female</td>
<td></td>
</tr>
</tbody>
</table>

### Current Address

| City | State | ZIP | Home phone ( ) | Cell phone ( ) |

### Optional: Parent/guardian information

| Name(s) | Work phone ( ) |
| Address | Home phone ( ) |
| City | State | ZIP | Cell phone ( ) |

### Faculty / Staff & Class Location

| Name(s) | Contact phone ( ) |
| Class | Location: | Email (#) |

### Location of incident

Check appropriate box

- Classroom
- Teaching Lab
- Chemical Lab
- Shop Area
- Research Farm
- Field Research
- Livestock Area
- Shop Area
- Off Campus (specify)

Other specify

### Equipment

Check appropriate box

- No Equipment involved
- Lab Equipment
- Farm Equipment
- Sharps (Knife, Needle, Blades)
- Hand tools
- Power tools

Equipment involved specify

### Contributing factors

Check all that apply

- Compression/pinch
- Fall
- Tripped/slipped
- Overextension/twisted
- Struck by object (animal, tool, etc.)
- Struck by auto, bike, etc.
- Entanglement
- Collision with object
- Collision with person
- Hit with thrown object
- Contact with hot or toxic substance
- Foreign body/object
- Physical Altercation
- Drug, alcohol or other substance involved
- Weather exposure (hot / cold)
- Injured by Animal specify - _____________________

Other specify

### Body part(s) affected / injured

![Human body diagram]

- Eyes/Ears/Face
- Neck/Shoulders/Arms/Elbows
- Hips/Legs/Knees
- Wrist/Hands/Fingers
- Ankle/Feet/Toes
- Back (Upper/Lower)
- Head
- Internal Organs
- Other:

### Type of injury

- Abrasion / Scrape
- Blunt / Impact Trauma
- Bump / Swelling
- Bruise / Pain / Tenderness
- Burn / Scald
- Cut / Laceration
- Fracture / Dislocation
- Puncture
- Unconscious / Faint

Other explain
Incident Response  check all that apply
☐  First Aid  ☐  Called 911  ☐  Parent/guardian notified  ☐  Student deemed no medical action necessary
☐  Returned to class  ☐  Sent/Taken Home  ☐  Taken to health care provider / clinic/hospital/urgent care  ☐  Hospitalized
☐  Other explain

Description of the incident
____________________________________________________________________________________________________________________________________________________
____________________________________________________________________________________________________________________________________________________
____________________________________________________________________________________________________________________________________________________
____________________________________________________________________________________________________________________________________________________
____________________________________________________________________________________________________________________________________________________

Witnesses to the incident

<table>
<thead>
<tr>
<th>Name</th>
<th>Phone</th>
<th>Email (#)</th>
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Describe care provided by faculty /staff
____________________________________________________________________________________________________________________________________________________
____________________________________________________________________________________________________________________________________________________
____________________________________________________________________________________________________________________________________________________
____________________________________________________________________________________________________________________________________________________

Print & Signature of staff / faculty member completing form  Date/time
Print & Signature of Student  Date/time
Print & Signature of Dept. Chair  Date/time

Copy of the form must be sent to:

Kent McGuire  Steven Neal
CFAES Safety and Health Coordinator  Associate Dean of Academic Programs
College of Food, Agricultural, and Environmental Sciences  College of Food, Agricultural, and Environmental Sciences
260A Agricultural Engineering Building  100E Agricultural Administration Building
590 Woody Hayes Dr.  2120 Fyffe Road
Columbus, OH 43210  Columbus, OH 43210
Office Phone: 614-292-0588  Office Phone: 614-292-2389
Email: mcguire.225@osu.edu  Email: neal.2@osu.edu