

Accidents and Injuries

In order to assist with accurate and timely reporting of incidents/accidents, ETSU has a reporting mechanism in place to insure proper documentation and follow-up of the event. All accidents and injuries occurring on ETSU owned or leased property must be documented. Emergencies should be reported to Public Safety (423-439-4480 or 911 from campus landlines) immediately for proper medical treatment. Public Safety will arrive to assist with the injured and dispatch other emergency personnel if needed. Public Safety will complete the Injury/Illness Report Form (see below). ETSU colleges and departments are required to complete this form for incidents (i.e. minor injuries involving first aid, near miss events, etc.) involving students and guests when Public Safety is not called. The report must then be faxed to Public Safety (423-439-5805) within 24 hours of the event.

If the injury occurs to faculty/staff employees, workers must follow workers' compensation procedures. Please see Human Resources at:

<http://www.etsu.edu/humanres/retire/compensation.aspx>

Illness/Injury Report Form

1. Public Safety must complete this form for all incidents they respond to. ETSU colleges and departments are required to complete this form for incidents (i.e. minor injuries involving first aid, near miss events, etc.) involving students and guests when Public Safety is not called. The report must then be faxed to Public Safety (423-439-5805) within 24 hours of the event.
2. Public Safety is required to scan all the completed reports and send to listserv: injuryreports@listserv.etsu.edu

Name: _____ Today's Date: _____

Employee Student Guest Volunteer E# _____

Phone Number: _____ Date of Birth: _____

FULL Address: _____

(CITY, STATE, ZIP)

Male Female Time of this report: _____ AM / PM

Date of Injury/Incident: _____ Time of injury/Incident: _____ AM / PM

Was victim transported to an emergency room? YES NO BY EMS

Exact location of incident (***take photos if necessary to identify location and hazards, if present***):

Weather conditions (if outside): _____

Lighting condition: _____

Footwear of victim: _____

Drug or alcohol use

Name(s) of witnesses -including phone #(s):

Victim's summary of how the incident occurred:

What was the injury or illness? *Explain what body part was affected and how it was affected. Be specific:* _____



Place a dot on the body part affected: -

What was the victim doing just prior to the incident? *Describe the activity:* _____

Other Comments _____

Public Safety Officer or ETSU employee completing this incident report:

Name _____ **Signature** _____

Victim/Witness -Name _____ **Signature** _____