

CoE/CBE Student Injury Report Form Guidelines

The OSU College of Engineering provides the following Student Injury Report Form and guidelines as an example 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 COE Health and Safety Coordinator to guide COE 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 Engineering Student Injury Report (non-employee)

Student information

Name:

Student ID #:

Date of birth:

Email:

Gender:

Date of incident:

Time of incident:

Current address:

City:

State:

Zipcode:

Home phone:

Cell phone:

Optional: Parent/guardian information

Name(s):

Address:

City:

State:

Zipcode:

Home phone:

Work phone:

Cell phone:

Faculty / Staff & Class Location

Name(s):

Contact phone:

Class:

Location;

Email:

Location of incident

Choose item # between 1-8: _____

1. Classroom
2. Teaching Lab
3. Chemical Lab
4. Shop Area
5. Research Farm
6. Field Research
7. Livestock Area
8. Off Campus (specify: _____)

Equipment

Choose item # between 1-7: _____

1. No equipment involved
2. Lab Equipment
3. Farm Equipment
4. Sharps (Knife, Needle, Blade)
5. Hand tools
6. Power tools
7. Other Equipment Involved: (Specify: _____)

Contributing factors – Mark all that apply

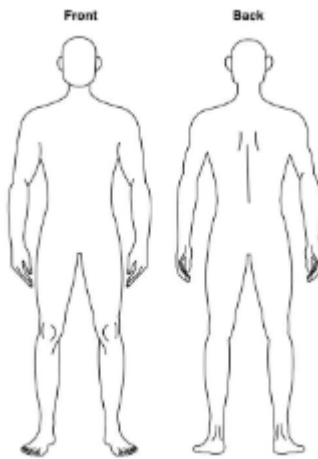
- Compression / pinch
- Fall
- Tripped/slipped
- Overextension/twisted
- Struck by object (animal, tool, etc.)
- Struck by auto, bike etc.
- Entanglement
- Collision with object
- Collision with person
- Hit with thrown object
- Contact with hot or toxic substance
- Foreign body / object
- Physical altercation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

Body part(s) affected / injured

Front of body

Back of body

Eyes/Ears/Face	<input type="checkbox"/> Left <input type="checkbox"/> Right	<input type="checkbox"/> Left <input type="checkbox"/> Right
Neck / Shoulders / Arms / Elbows	<input type="checkbox"/> Left <input type="checkbox"/> Right	<input type="checkbox"/> Left <input type="checkbox"/> Right
Hips / Legs / Knees	<input type="checkbox"/> Left <input type="checkbox"/> Right	<input type="checkbox"/> Left <input type="checkbox"/> Right
Wrist / Hands / Fingers	<input type="checkbox"/> Left <input type="checkbox"/> Right	<input type="checkbox"/> Left <input type="checkbox"/> Right
Ankles / Feet / Toes	<input type="checkbox"/> Left <input type="checkbox"/> Right	<input type="checkbox"/> Left <input type="checkbox"/> Right
Back (Upper / Lower)	<input type="checkbox"/> Left <input type="checkbox"/> Right	<input type="checkbox"/> Left <input type="checkbox"/> Right
Head	<input type="checkbox"/> Left <input type="checkbox"/> Right	<input type="checkbox"/> Left <input type="checkbox"/> Right
Internal organs	<input type="checkbox"/> Left <input type="checkbox"/> Right	<input type="checkbox"/> Left <input type="checkbox"/> Right
Other: _____	<input type="checkbox"/> Left <input type="checkbox"/> Right	<input type="checkbox"/> Left <input type="checkbox"/> Right



Description of image: Two outlines of a human body: One facing forwards, the other with back to viewer.

Type of Injury

- Abrasion / Scrape
- Blunt / Impact Trauma
- Bump / Swelling
- Bruise / Pain / Tenderness
- Burn / Scald
- Cut / Laceration
- Fracture / Dislocation
- Puncture
- Unconscious / Faint
- Other (specify: _____)

Incident Response – Mark 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 (Specify: _____)

Description of the Incident:

Witnesses to the Incident:

Name:

Phone:

Email:

Name:

Phone:

Email:

Name:

Phone:

Email:

Describe care provided by faculty /staff:

Signatures

Printed name of **staff/faculty member** completing form:

Signature:

Date / Time:

Printed name of **student**:

Signature:

Date / Time:

Printed name of **Department Chair**:

Signature:

Date / Time:

Copy of the form must be sent to:

Justin Ellis

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