

# Program Participant Incident/Injury Report

(If OSU employee is injured, use Employee Accident Report: [hr.osu.edu/public/documents/forms/accidentrpt.pdf](http://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.)

- |   |  |  |   |
|---|--|--|---|
| <input type="checkbox"/> Alcohol/Drugs              | <input type="checkbox"/> Facility Emergency        | <input type="checkbox"/> Intruder        | <input type="checkbox"/> Other (Describe) |
| <input type="checkbox"/> Argument                   | <input type="checkbox"/> Fighting                  | <input type="checkbox"/> Missing Person  |   |
| <input type="checkbox"/> Behavior Problem           | <input type="checkbox"/> Fire                      | <input type="checkbox"/> Theft           |   |
| <input type="checkbox"/> Equipment/Property Damaged | <input type="checkbox"/> Inappropriate Language    | <input type="checkbox"/> Vandalism       |   |
|   | <input type="checkbox"/> Injury/Illness (see p. 2) | <input type="checkbox"/> Weather Related |   |

**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.)



**THE OHIO STATE UNIVERSITY**

COLLEGE OF FOOD, AGRICULTURAL,  
AND ENVIRONMENTAL SCIENCES



# Ohio State University Extension Program Participant Incident/Injury Report

## Nature of Suspected Injury or Illness N/A

(Check all that apply.)

### Injury

- Bite-Animal \_\_\_\_\_
- Bite-Human
- Broken Bone
- Concussion
- Cut-requires stiches
- 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 \_\_\_\_\_  
Phone (\_\_\_\_) \_\_\_\_\_ (H, W, C)  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
Age \_\_\_\_\_ Gender  Female  Male  
**Check One**  4-H Youth  Volunteer  Parent  Visitor  
 Other \_\_\_\_\_

Name \_\_\_\_\_  
Phone (\_\_\_\_) \_\_\_\_\_ (H, W, C)  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
Age \_\_\_\_\_ Gender  Female  Male  
**Check One**  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.edupolicy150form](http://go.osu.edupolicy150form).*

**ALL parts of this form MUST be completed by the supervisor in conjunction with the Employee Accident Report.**  
 This form must be submitted directly to Integrated Absence Management and Vocational Services upon completion.

**SECTION 1: PARTICIPANT INFORMATION**

|                               |                                       |      |  |
|-------------------------------|---------------------------------------|------|--|
| Employee's Full Name: First   | M.I.                                  | Last | OSU Employee ID#   |
| Supervisor's Full Name: First | M.I.                                  | Last | Phone Number, Ext.                                       |
| Date report completed: _____  | Report completed on date of incident? |      | <input type="checkbox"/> Yes <input type="checkbox"/> No |

**SECTION 2: PERSONAL PROTECTION**

**Required Personal Protective Equipment:**

|   |   |   |
|---|---|---|
| <input type="checkbox"/> Respiratory Protection | <input type="checkbox"/> Hearing Protection | <input type="checkbox"/> PPE-Other: _____ |
| <input type="checkbox"/> Head Protection        | <input type="checkbox"/> Hand Protection    | <input type="checkbox"/> Face Protection  |
| <input type="checkbox"/> Foot Protection        | <input type="checkbox"/> Eye Protection     | <input type="checkbox"/> Fall Protection  |

**Was Required Personal Protective Equipment used?**

Yes  No      If not, explain: \_\_\_\_\_

**SECTION 3: CONTRIBUTING FACTORS OR CONDITIONS**

**Period when incident occurred:**

Entering or leaving work       During normal work shift       Overtime or unscheduled work shift

**Unsafe Conditions:**

|   |   |   |   |
|---|---|---|---|
| <input type="checkbox"/> Bypassed Guard or Device             | <input type="checkbox"/> Inadequate Guard       | <input type="checkbox"/> Lack of Required PPE | <input type="checkbox"/> Improper or Defective Clothing |
| <input type="checkbox"/> Defective Safety Device              | <input type="checkbox"/> Inadequate Lighting    | <input type="checkbox"/> Missing Safety Guard | <input type="checkbox"/> Unstable Walking Surface       |
| <input type="checkbox"/> Defective Tool or Article            | <input type="checkbox"/> Inadequate Ventilation | <input type="checkbox"/> Unguarded Hazard     | <input type="checkbox"/> Improper Work Station Layout   |
| <input type="checkbox"/> Training Deficiency (Specify): _____ |   |   |   |

**Unsafe Actions:**

|  |  |  |   |
|--|--|--|---|
| <input type="checkbox"/> Bypassing a safety device         | <input type="checkbox"/> Distractions or horseplay     | <input type="checkbox"/> Operating at an unsafe speed  | <input type="checkbox"/> Using equipment improperly     |
| <input type="checkbox"/> Bypassing a policy or instruction | <input type="checkbox"/> Failure to use approved tools | <input type="checkbox"/> Servicing energized equipment | <input type="checkbox"/> Improper lifting technique     |
| <input type="checkbox"/> Bypassing a safety guard          | <input type="checkbox"/> Failure to wear approved PPE  | <input type="checkbox"/> Using defective equipment     | <input type="checkbox"/> Improper posture or ergonomics |

**Was a witness statement submitted with the Employee Accident Report?**  Yes  No

Upon completion of this Supervisor Accident Analysis Report 1) the following details were found to have occurred, and 2) corrective measures will be taken as follows: