Illness/Injury Report Form

1. ETSU colleges and departments are required to complete this form for incidents (i.e. minor injuries involving first aid, near miss events, etc.) involving employees, 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 forms and send to listserv: injuryreports@listserv.etsu.edu

3. Employees who have received a work-related illness or injury must contact Corvel (State of Tennessee Workers' Compensation Program) at (866) 245-8588 with their immediate Supervisor prior to seeking medical treatment unless the illness/injury is life-threatening. For more information regarding Worker's Compensation, please contact Human Resources or click the link http://www.etsu.edu/safety/occupational/accidents.php

Person Injured

Name of person injured: ___________________________ Today’s Date: __________ Time of report: _______ AM/PM

Employee ☐ Student ☐ Guest ☐ Volunteer ☐ E#: ______________________________

Phone Number: ___________________________ Date of Birth: ___________________________ Male ☐ Female ☐

Race: White ☐ Black ☐ Asian ☐ American Indian/Alaska Native ☐ Indian ☐ Other ☐

Full Address (CITY, STATE, ZIP):
________________________________________________

Date of Injury/Incident: __________ Time of Injury/Incident: __________ AM/PM

Was injured person transported to the Emergency Room? YES/NO BY EMS YES/NO

Full address (City, State, Zip) of incident (Room #, Building, Floor, etc.). Take photos if necessary:
________________________________________________

Weather conditions (if outside): __________________________________________________

Lighting conditions: ____________________________________________________________

Footwear of injured: ____________________________________________________________

Alcohol use involved: YES/NO Illegal drug use involved: YES/NO

Witness Information

Name of witness: ___________________________ E#: ______________________________

Employee ☐ Student ☐ Guest ☐ Volunteer ☐ Phone: ___________ Male ☐ Female ☐

Race: White ☐ Black ☐ Asian ☐ American Indian/Alaska Native ☐ Indian ☐ Other ☐
Person Reporting Information

☐ Same as person injured:

Name of person reporting: ________________________________  Today’s Date: __________  Time of report: _____ AM/PM

Employee ☐  Student ☐  Guest ☐  Volunteer ☐  E#: ________________________________

Phone Number: ________________________________  Date of Birth: ________________________________  Male ☐  Female ☐

Race: White ☐  Black ☐  Asian ☐  American Indian/Alaska Native ☐  Indian ☐  Other ☐

Full Address (CITY, STATE, ZIP):

_____________________________________________________________________________________

_____________________________________________________________________________________

Narrative

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:

_____________________________________________________________________________________

_____________________________________________________________________________________

_____________________________________________________________________________________

Circle the affected area:

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

_____________________________________________________________________________________

_____________________________________________________________________________________

Other Comments: _______________________________________________________________________

ETSU employee completing this incident report:

Name: ________________________________  Signature: ________________________________

E#: ________________________________  Email: ________________________________  Phone: ________________________________  Date: _______