

Report # \_\_\_\_\_ **The Ohio State University Wooster Campus Employee Accident Report**

**EMPLOYEE INFORMATION (Print in Ink)**

Name: \_\_\_\_\_ SSN: \_\_\_\_\_ Employee ID#: \_\_\_\_\_  
Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Sex: M F Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Home Phone #: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Department: \_\_\_\_\_ Shop: \_\_\_\_\_  
Full Time: \_\_\_\_\_ Part Time: \_\_\_\_\_ Work Phone #: \_\_\_\_\_ Work Address: \_\_\_\_\_  
Supervisor's Name (printed): \_\_\_\_\_ Supervisor's Phone #: \_\_\_\_\_  
Supervisor's Address (Room & Building): \_\_\_\_\_

**ACCIDENT INFORMATION**

Accident Date: \_\_\_\_\_ Time: \_\_\_\_\_ am pm Time Shift Began: \_\_\_\_\_ am pm  
Location of Accident (Room # & Building): \_\_\_\_\_ Room Use (Lab, Shop, etc.): \_\_\_\_\_  
What was being done before the accident occurred? \_\_\_\_\_  
What happened? \_\_\_\_\_

Was this part of normal job duty? Yes No Body part(s) affected or injured: \_\_\_\_\_  
Type of injury or illness: \_\_\_\_\_ What object or substance directly harmed the employee? \_\_\_\_\_  
Witnesses (Name & Phone #): \_\_\_\_\_  
Report prepared by (if different from the injured employee): \_\_\_\_\_ Phone #: \_\_\_\_\_

If you have been exposed to human blood or body fluids, refer to Medical Center Blood and Body Fluid Exposure protocol call Employee Health 614-293-8146 for instructions (see medical treatment section on reverse side) Hospital Medical Record # of source person: \_\_\_\_\_

*I understand that it is my right to apply for Workers' Compensation benefits and that I have two years from the date of this accident to do so. For more information regarding workers compensation, University and James Hospitals employees, call 614- 293-3571; Employees in other departments call 614-292-3439. I also authorize release of medical information regarding this accident to OSU BWC claim administrators.*

EMPLOYEE SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**SEND EMPLOYEE FOR TREATMENT TO MEDPRO GROUP WITHIN 72 HOURS AFTER ACCIDENT IS REPORTED**  
Regional campus employees should be sent to local health care provider. (Do Not Leave form with Medical Provider)

**SUPERVISOR / CHARGE PERSON**

This accident was reported to me on: Date: \_\_\_\_\_ Time: \_\_\_\_\_ Cost Center / Department #: \_\_\_\_\_  
Is further investigation required? Yes No Supervisor / Charge Person Signature: \_\_\_\_\_

**HEALTH CARE PROVIDER**

Treated by MedPro Group Yes No If No, treated by? \_\_\_\_\_  
Diagnosis / Assessment: \_\_\_\_\_

Body part(s) affected: \_\_\_\_\_  
Is this a re-aggravation of previous injury? Yes No Date of initial injury: \_\_\_\_\_ Lost Time or Restricted Duties? Yes No

Medical Provider Printed Name: \_\_\_\_\_ Medical Provider Signature: \_\_\_\_\_

OSHA300 Recordable Code(s): 1 2 3 4 5 6 7 8 Medical Record #: \_\_\_\_\_

Copies sent to: Employee OARDC Safety Office or EHS OSU WC OSU Employee Health OSU EH&S Supervisor / Dept:  
Fax Numbers 263-3767 88-8120 Fax: 83-8018 Fax: 82-6404

**ATTENTION:** This form contains information relating to employee health and must be used in a manner that protects the confidentiality of employees to the extent possible while the information is being used for occupational safety and health purposes.

# THE OHIO STATE UNIVERSITY WOOSTER CAMPUS EMPLOYEE ACCIDENT REPORT

The Employee Accident Report must be completed for every work-related accident. This report will:

1. Assist employees in obtaining immediate medical treatment.
2. Inform supervisor/charge person of accident.
3. Be recorded for follow-up and future prevention.

Below are guidelines for completing this form (**please print in ink**).

## **EMPLOYEE RESPONSIBILITIES:**

1. Immediately notify supervisor/designated charge person of work-related accident / illness.
2. Fully complete "Employee Information" and "Accident Information" sections, sign and date the report. (**PRINT USING INK**)
3. Give form to supervisor/charge person for signature.
4. Seek medical treatment if necessary (see "Medical Treatment" section below).

## **SUPERVISOR/CHARGE PERSON RESPONSIBILITIES:**

1. Review employee and accident section. Complete "Supervisor/Charge Person" section. Sign & date the report. If employee needs/desires medical treatment, arrange for appropriate medical care (see "Medical Treatment" section below). (**PRINT USING INK**).
2. If employee does not need/desire or refuses medical treatment make a copy of this report for your records. Annotate Health Care Provider section with a statement "**Medical care refused or not required**". Send the signed original form to OARDC Human Resource Office or ATI Business Office. If medical treatment is needed at a later date as a result of this accident, refer employee to MedPro Group.

## **MEDICAL TREATMENT:**

Wooster Campus seek treatment for work related injuries and/or illness at:                      Piketon and Branches

MedPro Group – phone 330-263-7270  
2201 Benden Drive, Wooster, OH 44691  
Hours: Monday – Friday 8:00 AM to 5:00 PM  
(There is no cost for treatment at MedPro Group)

Designated Local Provider

If MedPro Group is closed or unavailable, seek treatment at:

Wooster Community Hospital Emergency Department  
1761 Beall Avenue; Wooster, OH 44691

Branch & Piketon Employees  
Local Emergency Room

After normal business hours or weekends/holidays, seek treatment at the Wooster Community Hospital Emergency Department.

**Regional Campus employees** should be sent to the designated local health provider

### **For Blood and Body Fluid Exposures:**

Employees should report blood & body fluid exposures immediately to their supervisor. For instructions call OSU Employee Health (614-293-8146).

**Submit this report to:**

**OARDC Employees: Human Resources, Research Services; fax 330-3695\***

**ATI Employees: Business Office, 211 Halterman Hall; fax 330-262-7634\***

**\*IF YOU FAX THIS REPORT, PLEASE MAIL OR DROP OFF THE ORIGINAL SIGN REPORT**

OSHA300 "Recordable Code" key	1	Injury involving loss of consciousness
	2	Injury involving restriction of work or lost time
	3	Injury involves transfer to another job
	4	All work related fatalities (deaths)
	5	All work related illness
	6	All work related injuries (Treatment beyond First Aid)
	7	Not recordable
	8	Human Bloodborne Pathogen Exposure