



West Virginia School of Osteopathic Medicine

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Incident Report Form

This form must be completed in full and submitted to Human Resources within 24 hours of the incident.

Full Name: _____ Date Reported: _____

Full Address: _____

Phone Number: _____ Please Select One: Illness Injury Hazardous Incident

Please Select One: Full-Time Employee Part-Time Employee Temporary Employee Student Visitor/Other

Incident Date: _____ Incident Time: _____ A.M. /P.M.

Incident Location: _____

Incident: _____

Injury Type: _____ Body Part(s) injured: _____

Injury Caused By: _____

Chemical/Cleaning Agent/Hazardous Material/Infectious Material* Involved: _____

What, if any, Personal Protective Clothing/Equipment was used? _____

Did the Personal Protective Clothing/Equipment fail? _____ Please describe: _____

Describe Property Damage (when applicable): _____

Injury Reported To: _____ Date: _____ Time: _____ A.M./P.M.

Task being performed at the time of incident: _____

Ambulance Requested: Yes No First Aid Provided (excluding ambulance personnel): _____

By Whom: _____ Transported to: _____

Incident Cause (Please Select):

Unsafe Act Unsafe Condition Unsafe Equip No Training Poor Housekeeping Material Handling Other

Incident Investigated by: HR Safety Coordinator Supervisor Other Date of Investigation: _____

Name of Investigator(s): _____ Time of Investigation: _____ A.M./P.M.

Witnesses: _____

Does Incident Warrant Further Investigation? Yes No By Whom: _____

Describe how and where the incident occurred and what actions, events, or conditions contributed to the incident.

Corrective action recommendation:

_____ Signature Print Name:	_____ Date	_____ Supervisor's Signature Print Name:	_____ Date
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Name of person completing the report (if other than the injured person): _____

Received by the Office of Human Resources: _____ Information sent to Worker's Compensation: _____

Follow-up with injured person: _____ Telephone Call _____ Letter _____ Personal Visit

Signature of Human Resources Representative/Title

**If the incident involved Infectious Material, the employee will be required to complete the Bloodborne Pathogen Form to accompany this form.*