

## **CFAES Student Injury Report Form Guidelines**

The OSU College of Food, Agricultural, and Environmental Sciences 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 CFAES Safety and Health Coordinator to guide CFAES 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".
- Also, submit a copy of the completed forms to The Department of Risk Management and Insurance: [rodeman.5@osu.edu](mailto:rodeman.5@osu.edu)
- 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 Food, Agricultural, and Environmental Sciences Student Injury Report (non-employee)

## Student information

Name		Student ID #	Date of incident
Date of birth	Email (.)	<input type="checkbox"/> Male <input type="checkbox"/> Female	Time of incident
Current Address			Home phone ( )
City	State	ZIP	Cell phone ( )

## Optional: Parent/guardian information

Name(s)			Work phone ( )
Address			Home phone ( )
City	State	ZIP	Cell phone ( )

## Faculty / Staff & Class Location

Name(s)		Contact phone ( )
Class:	Location:	Email (.)

## Location of incident *check appropriate box*

Classroom  Teaching Lab  Chemical Lab  Shop Area  Research Farm  Field Research  Livestock Area  Shop Area  Off Campus (specify)

Other *specify*

## Equipment *check appropriate box*

No Equipment involved  Lab Equipment  Farm Equipment  Sharps (Knife, Needle, Blades)  Hand tools  Power tools

Equipment involved *specify*

## Contributing factors *check all that apply*

Compression/pinch  Fall  Tripped/slipped  Overextension/twisted  Struck by object (animal, tool, etc.)  Struck by auto, bike, etc.

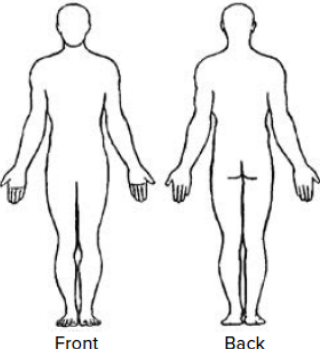
Entanglement  Collision with object  Collision with person  Hit with thrown object  Contact with hot or toxic substance  Foreign body/object

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**

**Type of injury**

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

- Abrasion / Scrape
- Blunt / Impact Trauma
- Bump / Swelling
- Bruise / Pain / Tenderness
- Burn / Scald
- Cut / Laceration
- Fracture / Dislocation
- Puncture
- Unconscious / Faint
- Other *explain*

**Incident Response** *check 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 *explain*

**Description of the incident**

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**Witnesses to the incident**

Name	Phone	Email (,#)

**Describe care provided by faculty /staff**

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Print & Signature of staff / faculty member completing form	Date/time
Print & Signature of Student	Date/time

Print & Signature of Dept. Chair	Date/time
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**Copy of the form must be sent to:**

**Kent McGuire**

CFAES Safety and Health Coordinator  
College of Food, Agricultural, and Environmental Sciences  
260A Agricultural Engineering Building  
590 Woody Hayes Dr.  
Columbus, OH 43210<sup>[1]</sup><sub>SEP</sub>  
Office Phone: 614-292-0588  
E-mail: [mcguire.225@osu.edu](mailto:mcguire.225@osu.edu)

**Jeanne M. Osborne**

Assistant Dean for Academic Affairs  
College of Food, Agricultural, and Environmental Sciences  
100E Agricultural Administration, 2120 Fyffe Rd.  
Columbus, OH 43210  
Tel: 614-292-1734  
Fax: 614-292-1218  
E-mail: [osborne.2@osu.edu](mailto:osborne.2@osu.edu)

*Review / Updated: K. McGuire 1/30/23*