Program Participant Incident/Injury Report

(If OSU employee is injured, use Employee Accident Report: 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.)

- ❑ Alcohol/Drugs
- ❑ Argument
- ❑ Behavior Problem
- ❑ Equipment/Property Damaged
- ❑ Facility Emergency
- ❑ Fighting
- ❑ Fire
- ❑ Inappropriate Language
- ❑ Injury/Illness (see p. 2)
- ❑ Intruder
- ❑ Missing Person
- ❑ Theft
- ❑ Vandalism
- ❑ Weather Related
- ❑ Other (Describe)

Name of Participant(s) Involved in the Incident/Injury (Add additional pages as needed.)

Name ______________________

Phone (____) ______________________ (H, W, C)

Address ______________________

City ______________ State ____ ZIP ______

Birthdate __________ Age ____ Gender ☐ Female ☐ Male

Check One ☐ 4-H Youth ☐ Volunteer ☐ Parent ☐ Visitor

☐ Other ______________________

Name ______________________

Phone (____) ______________________ (H, W, C)

Address ______________________

City ______________ State ____ ZIP ______

Birthdate __________ Age ____ Gender ☐ Female ☐ Male

Check One ☐ 4-H Youth ☐ Volunteer ☐ Parent ☐ Visitor

☐ 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.)

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 https://go.osu.edu/reportchildabuse.