

# **Employee Accident Report**

								Male
Name			EMP II	<b>)</b> #	Home Pho	ne		Fema
Home Address				Work	Address			F. II 4:
				Years	s: Months:			Full-time Part-tim
Date of Birth	Age	Date Emp	oloyed	Time	in present position			
Department	MATION	Sh	пор		Job title			
ACCIDENT INFOR  Date of Accident	MATION	Time of accid	lent: 🗆	am 🔲 pi	n Time shift bega	an:	□ am	n 🗆 p
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Building Location of A	ccident		Exact I	ocation of a	accident (i.e. room #, c	lock, lab)		
					ivity as well as the too y computer data entry		, or mat	eriai the
<b>What happened?</b> I with chlorine when ga					n wet floor, worker fel t over time"	20 feet", "wo	rker wa	s spray
What was the inju	ry or illness? De	escribe the part o	f the body that was a	ffected and	how it was affected. E	xample: "stra	ined low	ver bac
What object or sul	bstance directly	/ harmed the e						
Witnesses			Was		e floor", "chlorine" of the normal job du		yes □	no
Witnesses			Was			uty? 📮 :	yes □	no
Witnesses Report prepared by understand that it is	(if different from	n the injured em	was uployee) pensation benefits an	s this part	of the normal job du	Phone _	cident to	o do so.
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## Instructions for Completing the OSU Employee Accident Report

The Employee Accident Report must be completed for every work-related accident (Hospital employees should refer to the Employee Health page on Webster). This report will:

- Assist employees in obtaining immediate medical treatment
- Inform the supervisor/charge person of the accident
- Serve as a record for follow-up and future prevention efforts.

### **EMPLOYEE RESPONSIBILITIES:**

- 1. Immediately notify supervisor/designated charge person of work-related accident.
- 2. Complete the "Employee" section of the form including signature and date.
- 3. Seek medical treatment if necessary.

#### SUPERVISOR/CHARGE PERSON RESPONSIBLITIES:

- 1. Complete "Supervisor/Charge Person" section of form including signature and date.
- 2. If the employee needs or desires medical treatment, arrange for appropriate medical care.
- 3. If the employee does not need/desire medical treatment, make a copy of this report for your records and send the original to OSU Employee Health. If medical treatment is needed at a later date as a result of this accident, refer to Employee Health.

#### **MEDICAL TREATMENT:**

OSU employees are entitled to treatment at OSU Employee Health. There is no charge to the employee for this treatment.

OSU Employee Health

2A University Hospitals Clinic, 456 West Tenth Avenue

Columbus, OH 43210

Phone: (614) 293-8146 FAX: (614) 293-8018

Hours (excluding holidays): Monday - Friday, 7:30 a.m. to 4 p.m.

If the employee needs <u>immediate medical treatment</u> and Employee Health is not open, go to the OSU Emergency Department, MedOhio West (88 North Wilson Road), or MedOhio East (OSU East Hospital) for immediate treatment and referrals for follow-up care. Regional campus employees should be sent to a local health care provider.

## For Blood And Body Fluid Exposures:

Employee should report blood and body fluid exposures immediately to supervisor. (Hospital employees should refer to Blood and Body Fluid Exposure Protocol for instructions). All others should call OSU Employee Health at 614-293-8146 for instructions. A Blood and Body Fluid Report will also need to be completed.

#### WORKERS' COMPENSATION:

It is the employee's right to apply for Workers' Compensation benefits up to two years from the date of the accident. For more information regarding Workers' Compensation, Hospital employees may call (614) 293-3571. All other employees may contact Integrated Disability at (614) 292-3439, or 1-800-678-6413.