

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.)

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> Alcohol/Drugs | <input type="checkbox"/> Facility Emergency | <input type="checkbox"/> Intruder | <input type="checkbox"/> Other (Describe) |
| <input type="checkbox"/> Argument | <input type="checkbox"/> Fighting | <input type="checkbox"/> Missing Person | |
| <input type="checkbox"/> Behavior Problem | <input type="checkbox"/> Fire | <input type="checkbox"/> Theft | |
| <input type="checkbox"/> Equipment/Property Damaged | <input type="checkbox"/> Inappropriate Language | <input type="checkbox"/> Vandalism | |
| | <input type="checkbox"/> Injury/Illness (see p. 2) | <input type="checkbox"/> Weather Related | |

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

Name _____

Name _____

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

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

Address _____

Address _____

City _____ State ____ ZIP _____

City _____ State ____ ZIP _____

Birthdate _____ Age ____ Gender Female Male

Birthdate _____ Age ____ Gender Female Male

Check One 4-H Youth Volunteer Parent Visitor

Check One 4-H Youth Volunteer Parent Visitor

Other _____

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
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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>.