

**ACCIDENT/INJURY INCIDENT REPORT
EMPLOYER BWC ID NUMBER 14310-0**

**COMPLETE REPORT AND FORWARD TO HUMAN RESOURCES DEPT AND EHS OFFICE
WITHIN 24 HOURS. REPORT INJURY TO INITIATE CLAIM BY CALLING 1-888-247-
4800 OR FAX TO 1-800-334-4229 WHEN MEDICAL TREATMENT IS ADMINISTERED.
A CLAIM MAY ALSO BE FILED DIRECTLY WITH THE BUREAU OF WORKERS
COMPENSATION BY CALLING 1-800-OHIOBWC.**



A. IDENTIFYING INFORMATION (TO BE COMPLETED BY EMPLOYEE)

1. FACILITY NAME AND ADDRESS: Oberlin College 173 W. Lorain Street Oberlin, Ohio 44074-1073		PHONE: (440) 775-8430
2. DATE OF ACCIDENT/INJURY:	3. TIME OF ACCIDENT/INJURY: AM _____ PM _____	4. DATE AND TIME REPORTED TO SUPERVISOR: AM _____ PM _____
5. EMPLOYEE LAST NAME:		6. EMPLOYEE FIRST NAME:
7. EMPLOYEE HOME ADDRESS AND TELEPHONE NUMBER:		
8. SOCIAL SECURITY NUMBER - LAST FOUR DIGITS ONLY:	9. GENDER	10. EMPLOYEE BIRTHDATE (MM/DD/YYYY)
11. DEPARTMENT:		12. WORK PHONE NUMBER:
13. START TIME:	14. WERE YOU WORKING OVERTIME? YES _____ NO _____	15. JOB TITLE / OCCUPATION AT TIME OF INCIDENT* (SELECT FROM BELOW):
*JOB TITLES: Administrative Assistant; A&PS; Faculty; Student Worker; Carpenter; CHP Engineer; Custodian; Electrician; Grounds Specialist; HVAC Technician; Maintenance Technician; Mechanic; Plumber; Pool Technician; Service Transportation; Computer Technician; Equipment Technician; Lab Technician; Chef; First Cook; Second Cook; Grill Counter Cashier; Salad Preparer; CDS Maintenance; Museum Security Officer; Museum Security Supervisor; Safety & Security Communication Officer; Safety & Security Officer; Safety & Security Supervisor.		
16. HIRE DATE:	17. NAME OF DIRECT SUPERVISOR:	
18. EXACT LOCATION / BUILDING OF INCIDENT: (e.g. Wilder 135 W. Lorain St. Oberlin, OH 44074; ramp near mailroom or kitchen, etc.)		
19. PERSONAL PROTECTIVE EQUIPMENT USED:		
20. HAVE YOU RETURNED TO WORK: YES _____ NO _____		21. DATE RETURNED TO WORK:
22. WHAT WAS THE CAUSE OF THE ACCIDENT?:		

B. ACCIDENT/INJURY INCIDENT DESCRIPTION (TO BE COMPLETED BY EMPLOYEE)

23. NAME AND ADDRESS OF HOSPITAL OR HEALTH CARE FACILITY (CHECK ONE)

Mercy Allen Community Hospital 200 W. Lorain St. Oberlin, OH 44074 440-775-1211 (EMERGENCY ONLY)

Mercy Occupational Health Center 1800 Livingston Ave. Lorain, OH 44052 440-233-1068

Mercy Occupational Health Center 39263 Center Ridge Road, North Ridgeville, OH 44039 440-366-5577

Mercy Occupational Health Center 2116 Dover Center Rd. Suite 100, Westlake, OH 44145 440-222-4400

Other (Please list name and address):

24. NAME, ADDRESS AND PHONE NUMBER OF TREATING PHYSICIAN

25. DESCRIBE THE NATURE OR EXTENT OF YOUR INJURY (INCLUDE ALL AFFECTED PARTS OF BODY)

26. INCIDENT OR EVENT DESCRIPTION, EXPLAIN IN DETAIL (WHAT WERE YOU DOING AT THE TIME OF INCIDENT; WHAT MATERIALS, TOOLS OR EQUIPMENT WERE YOU USING; WHO WERE YOU WORKING WITH; WHAT HAPPENED; HOW DID IT HAPPEN; WHY DID IT HAPPEN?)

27. WITNESS(ES) LIST NAMES:

28. EMPLOYEE SIGNATURE:

29. DATE:

C. MANAGER/SUPERVISOR EVALUATION AND CORRECTIVE ACTION PLAN TO PREVENT RECURRENCE

30. DESCRIBE THE CAUSE OF THE ACCIDENT:

31. LIST SHORT AND LONG TERM CORRECTIVE ACTIONS TO BE COMPLETED

32. ASSIGNED TO

33. DATE COMPLETED

34. SUPERVISOR OR MANAGER SIGNATURE

35. PHONE EXT.

36. DATE

37. SUPERVISOR OR MANAGER PRINT NAME:

38. TITLE:

39. CARPENTERS, SECURITY & UAW EMPLOYEES: TREATMENT ADMINISTERED AND DRUG TESTING COMPLETED? YES _____ NO _____