

# UNIVERSITY OF TOLEDO

## INJURY / ILLNESS REPORT FOR EMPLOYEES, STUDENT EMPLOYEES AND STUDENTS

Today's Date \_\_\_/\_\_\_/\_\_\_

<u>EMPLOYEE INFORMATION</u>	<u>STUDENT EMPLOYEE INFORMATION</u>	<u>STUDENT INFORMATION</u>
Full time      Part time	Full time      Part time	
Name: _____	Name: _____	
Department: _____	Department: _____	
Dept. Extension _____      Shift   1   2   3	Dept. Extension _____	
Job Title: _____	Telephone # _____	

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## INJURY / ILLNESS REPORT FOR EMPLOYEES, STUDENT EMPLOYEES AND STUDENTS

Do not use this form for incidences involving patients, medications or medical equipment

### INSTRUCTIONS FOR INJURY/ILLNESS REPORT COMPLETION

#### ONLY UT EMPLOYEES OR STUDENTS SHOULD INITIATE, COMPLETE, AND SIGN THE INJURY / ILLNESS REPORT

1. Enter the date that you are filling out the form in the top left corner.
2. Complete the appropriate box for employee, student employee or student information.
3. Fill in the injury/illness date and time, and where the incident occurred (BE SPECIFIC).
4. Under "EVENT", "EXPOSURE", OR "MISCELLANEOUS", check box that best describes the event.
5. If event is an "EXPOSURE" from a patient, fill in patient record number.
6. Next, indicate w

**SUPERVISOR'S  
ANALYSIS**

**UNIVERSITY OF TOLEDO  
Accident/Injury/Illness**

The Public Employees Risk Reduction Program of the State of Ohio requires prompt reporting of accidents, therefore this document needs to be completed and submitted to EHRS without delay. Accidents don't just happen - your thorough analysis of this event could prevent it from happening again. Use facts and avoid speculation. Call EHRS at 419-530-3600 for help if necessary.

Subject / Employee

Incident Date \_\_\_\_/\_\_\_\_/\_\_\_\_