**Valdosta State University**

**Institutional Animal Care and Use Program**

**Animal Worker Incident of Injury/Illness Report**

Any incident causing injury or illness, no matter how minor, requires completion of an incident report by a supervisor within 24 hours. This completed form should be maintained by the supervisor, and copies should be sent to the IACUC Administrator (OSPRA), the Office of Environmental and Occupational Safety (OEOS), and, if the worker is an employee, to the Workers Comp Administrator (Human Resources & Employee Development).

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| Personal Information |
| Name:       | Date of Birth:       | Gender: [ ]  Male [ ] Female  |
| Street Address:       | City:       | State:    | Zip:       |
| Date Hired:       | Time of Incident:       [ ]  AM [ ]  PM |
| Date of Injury or Illness:       |  [ ]  Cannot Be Determined |

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| --- |
| Information about the physician or other health care professional |
| Name of physician or health care professional who treated you (If known):  |       |
| If treatment was given away from the worksite, where was it given?  |       |
| Was the animal worker treated in an emergency room?  | [ ]  Yes [ ]  No |
| Was the animal worker hospitalized overnight as an in-patient?  | [ ]  Yes [ ]  No |

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| Information about the Incident |
| **1.** | What was the animal worker doing just before the incident occurred? Describe the activity, as well as the tools, equipment, or material being used. Please be specific.  |
|       |
| **2.** | How did the injury occur? |
|       |
| **3.** | What was the injury or illness? What part(s) of the body were affected and how? Please be specific. |
|       |
| **4.** | What object or substance directly harmed the animal worker? If this question does not apply, leave it blank. |
|       |
| **5.** | Was first aid administered at the time of the incident?  |
| [ ]  Yes [ ]  No If yes, describe the type of first aid.       |

Supervisor’s Name:       Office Phone #:

Person Completing Report:       Office Phone #:

Date Report Completed: