

Spelman College

Injury/Illness Report Form

Any workplace injury should be verbally reported to the unit of Environmental Health & Safety Compliance (EHSC) Unit within 24 hours. Please complete the form and submit to EHSC Unit at <u>ehsc@spelman.edu</u> following the verbal notification.

PERSON FILING THE REPO	ORT									
Name:					Spe	lman II	D:			
Phone:		Ema	ail:							
Position:		Department:								
Date Reported:				Ti	ime of	Report	ing:		am	pm
PERSON INVOLVED OR AF	FECTE	D		•						
Name of injured Person:		-		St	atus:	Facu		Staff		tudent
Spelman ID:		Age					Sex:		F	Μ
Phone:		Ema	ail:							
INCIDENT DETAILS										
Date of Incident:				Ti	ime of	Incider	nt:		am	pm
Building:	Room:				Other	:				
Describe the events that led up to equipment or materials being us	ed:									
Describe the injury/illness. Pleas	se de spe	сппс,	i.e stral	11, S	prain,	bouy p	art, iei	vngn	ι, εις.:	

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Was first aid administered?	Yes	No	If yes, please prov	If yes, please provide details:			
Was the injured person referred If yes, please provide details:	for furthe	r medical t	reatment? Yes	No			
	Vac	No H	Was Time of Amingh				
Was ambulatory service called?			Yes, Time of Arrival:	am pm			
Is the injured person is a minor parent or guardian notified? Ple			student? Yes No	If Yes, was the			
Use the space below to provide	additional	informatio	on relevant to the incider	nt.			
Please suggest corrective action future (e.g PPE, training, chang				ry/illness in			
		,	,				

Signature (Person filing the report)

Date