

RETURN TO:
Tulane University
Office of Environmental Health & Safety (#8480)

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Tulane University

Student Report of On-Campus Environmental Injury

This report should be completed if a student injury or illness is related to on-campus activities or an unsafe condition in a University building that may require follow-up by the Office of Environmental Health & Safety (OEHS).

Reportable incidents might include the following: Cuts or burns related to glass-working class; slips and falls related to poor lighting or uneven walking surfaces; electrical shock from damaged wiring; food poisoning; contact with hazardous chemicals; etc.

The Student Health Center should complete this form for any students who are treated for a “reportable incident.”

If the injury occurs during classroom activities, the course instructor should be notified immediately. The instructor should complete this form and forward a copy to the OEHS regardless of whether or not the student reports to the Student Health Center.

This is confidential material and will be treated as such.

Office of Environmental Health & Safety (OEHS)

Campus Mail: # 8480

Main Office: (504) 988-5486

Uptown Campus: (504) 865-5307

Fax: (504) 988-1693

Email: oehs@tulane.edu



Tulane University Student Report of On-Campus Environmental Injury

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Instructions:

A. Complete both pages of form.

B. Send to Office of Environmental Health & Safety: Via Campus Mail: #8480; by email to oehs@tulane.edu; or by fax to: 504-988-1693

1. Date of Report (mm/dd/yyyy):	2. Date of Injury: (mm/dd/yyyy)	3. Time of injury (hh:mm am/pm)
4. Student Name (Last, First, Middle)	5. Splash ID #	6. Male Female
7. Local Address:		8. Local Phone Number:

9. Date of Birth: (mm/dd/yyyy)	10. Academic Year: (yyyy)	11. School:
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12. Exact Location of Incident: (Campus, Building, room number, etc. If off campus, indicate street address, city and state)

13. What was the student doing when injured: Be specific. If using tools or equipment, or handling material, describe them and explain what student was doing with them.

14. How did incident occur? Describe fully the events which resulted in injury. Tell what happened and how it happened. List any objects or substances involved and tell how they were involved. Give full details on all factors which led or contributed to injury.

15. Nature and Location of injury. Describe fully and include parts of body affected:

Did injury occur because of: 16. Unsafe condition Yes No 17. Unsafe act Yes No	Comments or recommendations to prevent future occurrences (optional):
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18. Location of Care Required:
 _____ Student Health Center _____ Uptown Campus _____ Downtown Campus Other: _____

19. PERSON COMPLETING THIS REPORT IF NOT STUDENT – Name/Affiliation:

SIGNATURE:

Complete the following by checking the appropriate checkbox or by filling in the space provided.

<u>EVENT CODE</u>				
	<u>Falls, Slips, Trips (off, on, over)</u>	404	Load-other	
101	Off chair, furniture	405	No load-bending	729
102	Off dock, opening, excavation	406	No load-reaching, twisting	730
103	Off ladder, scaffold	407	No load-other	731
104	Off machinery, equipment	408	Load-patient	732
105	Off vehicle		<u>Miscellaneous</u>	733
106	Off high place	501	Animal, insects, plants	734
107	On stairs, steps-indoors	502	Public transportation	735
108	On other flat surfaces-indoors	503	Sports activity	736
109	On stairs, steps-outdoors	504	Vehicle passenger, driver	
110	On paved surfaces-outdoors	505	Other:	<u>Faculty/System</u>
111	On loose ground cover-outdoors		NATURE OF INJURY CODE	737
112	On flat surface-outdoors		<u>Injury</u>	738
	<u>Struck, Caught (by, against, between)</u>	601	Amputation	739
201	By airborne dust particles	602	Bite, sting	740
202	By another person, object being held	603	Bruise, contusion	741
203	By chips/particles from use of powered hand tools, machinery or equipment	604	Burn-hot, cold, chemical, scald	742
204	By chips/particles from use of non-powered hand tools	605	Concussion, unconscious	743
205	By object-blown off pressurized system	606	Cut, laceration	744
206	By object-broken off, vibrated loose, mobilized	607	Exhaustion, heat stroke	745
207	By object-collapse, cave-in	608	Electric shock	746
208	By object-dropped, released by self during handling	609	Irritation, other	CONTRIBUTING ENVIRONMENTAL FACTOR CODE
209	By object-from explosion, over-pressure	610	Exposure	801
210	By object-dropped, released or thrown by another person	611	Foreign body, sliver, dust, etc.	802
211	By - other:	612	Fracture, crush, dislocated	803
212	By/against handtool, non-powered	613	Internal injury, hernia, heart	804
213	By/against handtool, powered	614	Loss of senses, faculties	805
214	By/against moving equipment/machinery	615	Puncture	806
215	Against stationary, sharp object	616	Scrape, scratch, abrasion	807
216	Against - other:	617	Sprain, strain, torn	808
217	Caught in moving machinery, equipment	618	Suffocation, drowning	809
218	Caught, pinched between objects	619	Dermatitis (skin rash)	810
219	Needle-self inflicted	620	Other:	811
220	Needle-waste handling		<u>Illness</u>	812
221	Other:	621	Skin disease, disorder	813
	<u>Contact with Material Condition (touching, breathing, swallowing, absorbing)</u>	622	Lung problem, dust related	814
301	Chemicals-corrosive, irritating substances in, around or from process equipment	623	Lung problem, toxic agent related	815
302	Chemicals-corrosive, irritating substances while handling or transferring bulk quantity	624	Poisoning	816
303	Chemicals-corrosive, irritating substances in small laboratory quantity	625	Disorders due to physical agent (other than toxic agents)	817
304	Commercial cleaning materials	626	Disorders associated with repeated trauma	818
305	Chemicals - other:	627	Other:	819
306	Electricity, power hand tools		PART OF BODY CODE	CONTRIBUTING HUMAN FACTOR CODE
307	Electricity - other:		<u>Head/Neck</u>	901
308	Exposure to natural elements	701	Scalp	902
309	Fire flame, intense heat	702	Skull	903
310	Hot, cold surface	703	Ears (R L Both)	904
311	Unpressurized hot liquid hot material	704	Eyes (R L Both)	905
312	Pressurized hot liquid/gas	705	Face (R L Both)	906
313	Pressurized cold liquid/gas	706	Nose	907
314	Noise	707	Mouth/Teeth	908
315	Radiation	708	Neck	909
316	Smoke, gas	709	Whole Head	910
317	Welding flash	710	Other:	911
318	Other material or condition		<u>Arm/Shoulder</u>	912
319	Biological agent	711	Shoulder (R L Both)	913
320	Other:	712	Upper Arm (R L Both)	914
	<u>Overexertion, Strain (Load, No Load)</u>	713	Elbow (R L Both)	915
401	Load-carrying, holding, twisting, reaching	714	Forearm (R L Both)	
402	Load-lifting	715	Wrist (R L Both)	
403	Load-pulling, pushing, turning	716	Hand (R L Both)	
		717	Fingers (R L Both)	
		718	Whole arm (R L Both)	
		719	Other:	
			<u>Torso</u>	
		720	Chest/Ribs	
		721	Back-Muscles	
		722	Back-Skeletal/Nervous	
		723	Abdomen	
		724	Groin	
		725	Hip (R L Both)	
		726	Buttocks	
		727	Whole Torso	
		728	Other:	

Student's Name:

Date of Injury: