

Tulane University - STUDENT

- CONFIDENTIAL -

Student Report of On-Campus Environmental Injury or Disease

LOG NUMBER:

- Instructions:**
- A. Student to complete both pages of form. Turn in to Student Health Center.
 - B. Student Health Center must send immediately by Campus Mail to:
Office of Environmental Health & Safety - TW 16

1. Date of Report:		2. Date of Injury:		3. Time of Injury (<input type="checkbox"/> a.m. / <input type="checkbox"/> p.m.)	
4. If Fatal injury, give date of death:		5. Date Student Health knew of Injury:		6. Date Disability Began:	
7. PRINT Name (LAST/FIRST/MIDDLE):			8. Social Security Number:		9. <input type="checkbox"/> Male <input type="checkbox"/> Female
10. Local Address-Include Parish and Zip Code:				11. Phone number:	
12. Date of Birth:		13. Academic Year:		14. School:	
15. <u>Exact Location of Incident:</u> (Building, floor, room number, etc. If off premises: street, address, city & state)					
16. What was the Student doing when injured: (Be specific. If using tools or equipment or handling material, name them and tell what he/she was doing with them). <u>AND</u> 17. How did incident occur? (Describe fully the events which resulted in injury or disease. Tell what happened and how it happened. Name any objects or substances involved and tell how they were involved. Give full details on all factors which led or contributed to injury or disease).					
18. Nature and Location of injury or Disease (Describe fully, include parts of body affected):					
DID INJURY OR DISEASE OCCUR BECAUSE OF: →		19. Unsafe condition: <input type="checkbox"/> Yes <input type="checkbox"/> No (Describe above)		20. Unsafe Act: <input type="checkbox"/> Yes <input type="checkbox"/> No	
21. Location of Care Required: Student Health Center: <input type="checkbox"/> Uptown Campus / <input type="checkbox"/> Downtown Campus <input type="checkbox"/> Other - specify:					
22. PERSON COMPLETING THIS REPORT IF <u>NOT</u> STUDENT (PRINT NAME/SIGNATURE):					

SIGNATURE:

(Note: Complete the following by ✓ checking the appropriate blocks or by filling in space provided.)

EVENT CODE

- Falls, Slips, Trips (Off, On, Over)
- 101 Off chair, furniture
 - 102 Off dock, opening, excavation
 - 103 Off ladder, scaffold
 - 104 Off machinery, equipment
 - 105 Off vehicle
 - 106 Off high place
 - 107 On stairs, steps-indoors
 - 108 On other flat surfaces-indoors
 - 109 On stairs, steps-outdoors
 - 110 On paved surfaces-outdoors
 - 111 On loose ground cover-outdoors
 - 112 On Flat surface-outdoors
- Struck, Caught (by, against, between)
- 201 By airborne dust particles
 - 202 By another person, object being held
 - 203 By chips/particles from use of powered hand tools, machinery or equipment
 - 204 By chips/particles from use of non-powered hand tools
 - 205 By object - blown off pressurized system
 - 206 By object - broken off, vibrated loose, mobilized
 - 207 By object - collapse, cave-in
 - 208 By object - dropped, released by self during handling
 - 209 By object - from explosion, over-pressure
 - 210 By object - dropped, released or thrown by another person
 - 211 By - other _____
 - 212 By/against handtool, non-powered
 - 213 By/against handtool, powered
 - 214 By/against moving equipment/ machinery
 - 215 Against stationary, sharp object
 - 216 Against - other _____
 - 217 Caught in moving machinery, equipment
 - 218 Caught, pinched between objects
 - 219 Needle - self inflicted
 - 220 Needle - waste handling
 - 221 Other _____
- Contact with Material Condition (touching, breathing, swallowing, absorbing)
- 301 Chemicals - corrosive, irritating substances in, around or from process equipment
 - 302 Chemicals - corrosive, irritating substances while handling or transferring bulk quantity
 - 303 Chemicals - corrosive, irritating substances in small laboratory quantity
 - 304 Commercial cleaning materials
 - 305 Chemicals - other _____
 - 306 Electricity, power hand tools
 - 307 Electricity - other _____
 - 308 Exposure to natural elements
 - 309 Fire flame, intense heat
 - 310 Hot, cold surface
 - 311 Unpressurized hot liquid hot material
 - 312 Pressurized hot liquid/gas
 - 313 Pressurized cold liquid/gas
 - 314 Noise
 - 315 Radiation
 - 316 Smoke, gas
 - 317 Welding flash
 - 318 Other material or condition
 - 319 Biological agent
 - 320 Other _____
- Overexertion, Strain (Load, No Load)
- 401 Load-carrying, holding, twisting, reaching
 - 402 Load-lifting
 - 403 Load-pulling, pushing, turning
 - 404 Load-other _____
 - 405 No load - bending
 - 406 No load - reaching, twisting
 - 407 No load - other _____
 - 408 Load - patient

Miscellaneous

- 501 Animal, insects, plants
- 502 Public transportation
- 503 Sports activity
- 504 Vehicle passenger, driver
- 505 Other _____

NATURE OF INJURY CODE

Injury

- 601 Amputation
- 602 Bite, sting
- 603 Bruise, contusion
- 604 Burn - hot, cold, chemical, scald
- 605 Concussion, unconscious
- 606 Cut, laceration
- 607 Exhaustion, heat stroke
- 608 Electric shock
- 609 Irritation, other
- 610 Exposure
- 611 Foreign body, sliver, dust etc.
- 612 Fracture, crush, dislocated
- 613 Internal injury, hernia, heart
- 614 Loss of senses, faculties
- 615 Puncture
- 616 Scrape, scratch, abrasion
- 617 Sprain, strain, torn
- 618 Suffocation, drowning
- 619 Dermatitis (skin rash)
- 620 Other _____

Illness

- 621 Skin disease, disorder
- 622 Lung problem, dust related
- 623 Lung problem, toxic agent related
- 624 Poisoning
- 625 Disorders due to physical agent (other than toxic agents)
- 626 Disorders associated with repeated trauma
- 627 Other _____

PART OF BODY CODE

HEAD/NECK

- 701 Scalp
- 702 Skull
- 703 Ears (R/L/Both)
- 704 Eyes (R/L/Both)
- 705 Face (R/L/Both)
- 706 Nose
- 707 Mouth/Teeth
- 708 Neck
- 709 Whole Head
- 710 Other _____

Arm/Shoulder

- 711 Shoulder (R/L/Both)
- 712 Upper Arm (R/L/Both)
- 713 Elbow (R/L/Both)
- 714 Forearm (R/L/Both)
- 715 Wrist (R/L/Both)
- 716 Hand (R/L/Both)
- 717 Fingers (R/L/Both)
- 718 Whole Arm (R/L/Both)
- 719 Other _____

Torso

- 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 _____

Leg

- 729 Thigh (R/L/Both)
- 730 Knee (R/L/Both)
- 731 Shin, Calf (R/L/Both)
- 732 Ankle (R/L/Both)
- 733 Foot (R/L/Both)
- 734 Toe
- 735 Whole Leg (R/L/Both)
- 736 Other _____

Faculty/System

- 737 Hearing
- 738 Vision
- 739 Smell
- 740 Taste
- 741 Touch
- 742 Respiratory
- 743 Circulatory
- 744 Digestive
- 745 Nervous
- 746 Other _____

CONTRIBUTING ENVIRONMENTAL FACTOR CODE

- 801 Sound level
- 802 Weather condition
- 803 Illumination
- 804 Working surface/facility layout condition
- 805 Flammable liquid/solid exposure
- 806 Chemical action/reaction exposure
- 807 Materials handling equipment/ method
- 808 Gas/vapor/mist/fume/smoke/dust condition
- 809 Overhead moving/falling object action
- 810 Flying object action
- 811 Temperature above or below tolerance level
- 812 Radiation condition
- 813 Pinch point action
- 814 Catch point/puncture action
- 815 Shear point action
- 816 Squeeze point action
- 817 Overpressure/underpressure condition
- 818 Poor housekeeping
- 819 Other _____

CONTRIBUTING HUMAN FACTOR CODE

- 901 Misjudgement of hazardous situation
- 902 No personal protective equipment used
- 903 No special protective clothing/ appropriate attire
- 904 Malfunction of procedure for securing operation or warning of hazardous situation
- 905 Distracting actions
- 906 Equipment in use not appropriate for operation or process
- 907 Malfunction of neuro-muscular system
- 908 Malfunction of perception system with respect to task environment
- 909 Safety devices removed or inoperative
- 910 Operational position not appropriate for task
- 911 Procedure for handling materials not appropriate for task
- 912 Defective equipment in use
- 913 Malfunction of procedure for lock-out or tag-out
- 914 Procedure to complete task not appropriate
- 915 Other _____

Comments or recommendations to help prevent future occurrences of similar problems:

Attach extra sheet of paper if needed.

Print Student's Name:

Date of Injury:
