

## SAN DIEGO STATE UNIVERSITY ENVIRONMENTAL HEALTH & SAFETY

## ACCIDENT/INCIDENT REPORT

## Please complete a report for each incident or accident within 14 days of the date the incident or accident was reported.

This form must be completed in the event of a potential exposure, chemical, biological, or radiological spill, fire, explosion, impact, puncture, electrical shock, fall, entrapment etc. regardless of whether an injury or illness occurred. It may be completed by the person affected by the incident, a witness, or the supervisor or manager.

In the event of an injury or illness, the <u>Supervisor's Report of Work Related Accident/Illness</u> form must also be completed if the affected individual is an employee of the University

Complete the form by typing or printing the response clearly. Check all applicable boxes.

Employee	Department:	Phone:	
Involved in the	1		
Incident:			

Date of Incident:(Month-Day-Year)	Time of Incident	Employee Email	Employee Age
/ /	: am/pm		

Manager or Supervisor of Employee:	Phone Number	Was the manager or supervisor notified of the accident/incident? Yes No		
	( ) -	Supervisor Email:		

Nature of the Incident/Injury: (Check All That Apply)				Body Part Affected: (Check All That	
Biological Exposure Biological Spill	Chemical Exposure	Radiation Exposure	Apply)	☐ Face/Head ☐ Torso	
Asbestos Exposure Electrical Shock Crush/Impact/Compression	Ingestion Inhalation Injection	Fire Suffocation Abrasion	Arm Toes	Whole Body	
Fall     Explosion	Chemical Spill	Flying/Falling Debris	Foot Leg	Skin Lungs	
Laceration Entrapment Other:	Heat Illness Fainting/Loss of Consci	Puncture/Needlestick	Throat  Mucous M  Other	lembrane	

What happened? Describe how the incident/accident\* occurred? Include what occurred prior to the accident/incident: (If more space is needed, attach separate sheet of paper. Include materials, equipment and tools being used. If needed, attach photos or drawings and mark location.) \*If accident/incident involved sharps, the **Sharps Injury Log** must also be completed.

If applicable, what object or substance directly harmed the employee?

Location/Work Area Where Incident Occurred: (Check All That		Procedure Being Performed at Time of Incident: (Check All			
Apply)		That Apply)			
Medical Facility	Laboratory/Classroom/Field	Handling Haz. Materials	Handling Hazardous Waste		
Service/Utility Area	Office Space	Construction/Demolition	Administering First-Aid		
Athletic Field/Gym	Recreation/Fit Center	Animal Husbandry	Office task		
Construction Site	Animal Facility	Trenching	Confined Space Entry		
Workshop/Studio	-	Performing research proce	edure, indicate procedure:		
Other:		Performing clinical procedure, indicate procedure:			
		Bldg. or Grounds Maintenance/Service			
		Other:			

Apply)	Ialf or Full Fac N95) tion   on [ tion ]	ne of Exposure: (Cf e: Cartridge: Hearing Protect Foot Protection None		All That Apply Biologic	<sub>y)</sub> al Safety C	Cabinet	d to control hazard?: (Check Containment/Isolation Canopy duct Machine Guard None	
What specific safety and hazard references (e.g., SDS, operator instruction manual, standard operating procedure) were consulted and what safety/hazard training was completed prior to work with the substance or equipment that was involved in the incident? (Please include dates of training)								
	What emergency safetyEyewashFire Extinguisherequipment or supplies whereSafety ShowerSpill Kitused?First Aid KitOther:							
Was an emerger 911)?	Was an emergency call made to University Police (x41991 or 911)?			Was emerg	ency trans	port neede	ed?	
Yes No				Yes	] No			
Did affected employee sed medical attenti	ek on?	If	Yes, where?			Did the	e employee refuse treatment?	
What was the re	sponse to the a	accident/incident?						
Witness to Acci		Yes I	No					
List name(s) of	witness		<b>N</b>	<u>,</u>				
			Phone ( Phone (	)	-			
Where other Employees Injured?								
			Phone ( Phone (	)	-			
Person Complet	ting Form:			Signature:			Date Signed:	
Title/Position:		Department:		Phone:	( )	-	Date Completed:	

Accident/Incident Report must be submitted to: Environmental Health & Safety, San Diego State University, 5500 Campanile Drive San Diego CA 92182-1243 Phone: (619) 594-6778 Fax: (619) 594-2854 EH&S Website: <u>http://bfa.sdsu.edu/ehs/</u>