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 Supervisor’s Report of Work Related Accident/Illness 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 Involved in the Incident:**
- Department:
- Phone:

**Date of Incident:**
- (Month-Day-Year)
- Time of Incident:
- Employee Email:
- Employee Age:

**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)
- Biological Exposure
- Biological Spill
- Asbestos Exposure
- Electrical Shock
- Crush/Impact/Compression
- Fall
- Explosion
- Laceration
- Entrapment
- Other:

**Body Part Affected:**
- (Check All That Apply)
- Finger
- Face/Head
- Hand
- Torso
- Arm
- Whole Body
- Toes
- Eye
- Foot
- Skin
- Leg
- Lungs
- Throat
- Mucous Membrane
- Other:

**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 Apply)
- Medical Facility
- Service/Utility Area
- Athletic Field/Gym
- Construction Site
- Workshop/Studio
- Other:

**Procedure Being Performed at Time of Incident:**
- (Check All That Apply)
- Handling Haz. Materials
- Construction/Demolition
- Animal Husbandry
- Trenching
- Performing research procedure, indicate procedure:
- Performing clinical procedure, indicate procedure:
- Bldg. or Grounds Maintenance/Service
- Other:
### PPE Worn by Employee at Time of Exposure:

- [ ] Respirator-Half or Full Face: Cartridge: _____
- [ ] Dust Mask (N95)
- [ ] Hand Protection
- [ ] Ear Protection
- [ ] Eye Protection
- [ ] Foot Protection
- [ ] Head Protection
- [ ] None
- [ ] Other: _____

### What safety equipment was used to control hazard?

- [ ] Biological Safety Cabinet
- [ ] Canopy duct
- [ ] Containment/Isolation
- [ ] Fume Hood
- [ ] Elephant Trunk/Snorkel
- [ ] Machine Guard
- [ ] Barrier
- [ ] None
- [ ] Other: _____

### 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 safety equipment or supplies were used?

- [ ] Eyewash
- [ ] Safety Shower
- [ ] Spill Kit
- [ ] Fire Extinguisher
- [ ] First Aid Kit
- [ ] Other: _____

### Was an emergency call made to University Police (x41991 or 911)?

- [ ] Yes
- [ ] No

### Was emergency transport needed?

- [ ] Yes
- [ ] No

### Did affected employee seek medical attention?

- [ ] Yes
- [ ] No

### If Yes, where?

### Did the employee refuse treatment?

- [ ] Yes
- [ ] No

### What was the response to the accident/incident?

### Witness to Accident/Incident?

- [ ] Yes
- [ ] No

### List name(s) of witness

<table>
<thead>
<tr>
<th>Name</th>
<th>Phone</th>
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### Where other Employees Injured?

- [ ] Yes
- [ ] No

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### Person Completing Form:

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<tr>
<th>Title/Position</th>
<th>Department</th>
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<table>
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<tr>
<th>Signature:</th>
<th>Date Signed:</th>
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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: [http://bfa.sdsu.edu/ehs/](http://bfa.sdsu.edu/ehs/)