



SAN DIEGO STATE UNIVERSITY

**SAN DIEGO STATE UNIVERSITY
ENVIRONMENTAL HEALTH & SAFETY**

STUDENT ACCIDENT/INCIDENT REPORT

This form is for student incidents or accidents. Please use the Employee Accident/Incident Report for employee incidents.

Please complete a report for each incident or accident as soon as possible after the incident or accident was reported.

Copies of this form should be sent to the Department Chair and the Department of Environmental Health and Safety for review.

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

Name of Student Involved in the Incident:	Address:
Email:	Phone: () -

Date of Incident:(Month-Day-Year) / /	Time of Incident : am/pm	Red ID
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Faculty, Staff or Student supervising:	Location (Building and Room):	Was the Instructor notified of the accident/incident? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Nature of the Incident/Injury: (Check All That Apply) <input type="checkbox"/> Biological Exposure <input type="checkbox"/> Biological Spill <input type="checkbox"/> Electrical Shock <input type="checkbox"/> Burn <input type="checkbox"/> Crush/Impact/Compression <input type="checkbox"/> Fall <input type="checkbox"/> Explosion <input type="checkbox"/> Laceration/Cut <input type="checkbox"/> Bite	<input type="checkbox"/> Chemical Exposure <input type="checkbox"/> Absorption <input type="checkbox"/> Ingestion <input type="checkbox"/> Inhalation <input type="checkbox"/> Injection <input type="checkbox"/> Chemical Spill <input type="checkbox"/> Fainting/Loss of Consciousness <input type="checkbox"/> Flying/Falling Debris <input type="checkbox"/> Abrasion	<input type="checkbox"/> Fire <input type="checkbox"/> Puncture/Needle stick <input type="checkbox"/> Other: _____	Body Part Affected: (Check All That Apply) <input type="checkbox"/> Finger <input type="checkbox"/> Hand <input type="checkbox"/> Arm <input type="checkbox"/> Foot <input type="checkbox"/> Leg <input type="checkbox"/> Other _____	<input type="checkbox"/> Face/Head <input type="checkbox"/> Torso <input type="checkbox"/> Whole Body <input type="checkbox"/> Eye <input type="checkbox"/> Skin
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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 student?

Provide course number and name of experiment or activity: Course No. _____ Experiment/Activity _____	Did it occur on-campus or off-campus? <input type="checkbox"/> on-campus <input type="checkbox"/> off-campus
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PPE Worn by student: (Check All That Apply) <input type="checkbox"/> Lab coat/apron <input type="checkbox"/> Respirator -Dust Mask (N95) <input type="checkbox"/> Head Protection: Type: _____ <input type="checkbox"/> Eye Protection: Type: _____ <input type="checkbox"/> Hearing Protectors: Type: _____ <input type="checkbox"/> Hand Protection: Type: _____ <input type="checkbox"/> Foot Protection: Type: _____ <input type="checkbox"/> Other: _____ <input type="checkbox"/> None	What safety equipment was used to control hazard?: (Check All That Apply) <input type="checkbox"/> Biological Safety Cabinet <input type="checkbox"/> Fume Hood <input type="checkbox"/> Elephant Trunk/Snorkel <input type="checkbox"/> Barrier <input type="checkbox"/> Containment/Isolation <input type="checkbox"/> None <input type="checkbox"/> Other: _____	<input type="checkbox"/> Canopy duct <input type="checkbox"/> Machine Guard
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What specific safety references (e.g., SDS, operator instruction manual, standard operating procedure) were consulted and what safety/hazard training (e.g. pre-lab lecture) 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?	<input type="checkbox"/> Eyewash	<input type="checkbox"/> Fire Extinguisher
	<input type="checkbox"/> Safety Shower	<input type="checkbox"/> Spill Kit
	<input type="checkbox"/> First Aid Kit	<input type="checkbox"/> Other: _____

Was an emergency call made to University Police (x41991 or 911)?	Was emergency transport needed?
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Did affected student seek medical attention?	If Yes, where?	Did the student refuse treatment?
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No

What was the response to the incident?

What steps could be taken to prevent or minimize the chance of the incident from occurring in the future?

Exposed Student Opinion: If PPE had been provided, would this have prevented the incident?	Exposed Student Opinion: Do you have an opinion that any other engineering, administrative or work practice control could have prevented the incident?
<input type="checkbox"/> Yes <input type="checkbox"/> No Explain:	<input type="checkbox"/> Yes <input type="checkbox"/> No Explain:

Witness to Accident/Incident? Yes No

List name(s) of witness

Phone	() -
Phone	() -

Person Completing Form:	Signature:	Date Signed:
Department:	Phone: () -	Date Completed:

Student 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
 And the Department Chair