

## SAN DIEGO STATE UNIVERSITY ENVIRONMENTAL HEALTH & SAFETY

## VISITOR 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 an accident or incident regardless of whether an injury or illness occurred. It may be completed by the person affected by the incident, a witness, or a campus representative.

Complete the form by typing or printing the response clearly. Check all applicable boxes. Person Phone: Email: Involved in the Incident: Date of Incident:(Month-Day-Year) Time of Incident: Age: am/pm Campus Representative: N/A Phone Number: Department: Reason for Visit: Nature of the Incident/Injury: (Check All That Apply) Body Part Affected: (Check All That Chemical Exposure Apply) Ingestion Fire Finger Face/Head Electrical Shock Inhalation Flying/Falling Debris Hand Torso Crush/Impact/Compression Abrasion Burn Arm Whole Body Chemical Spill Puncture/Needlestick l Fall Toes Eye Explosion Bite Laceration Foot Skin Heat Illness Entrapment ☐ Leg Lungs ☐ Fainting/Loss of Consciousness ☐ Other: 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 applicable, what object or substance directly harmed the person? Type Of Location Where Incident Occurred: (Check All That Apply) Describe location details (i.e. bldg., rm. #): ☐ Laboratory/Classroom/Field ☐ Office Space Service/Utility Area Recreation/Fit Center Athletic Field/Gym Construction Site Workshop/Studio Outdoor Area/Walkway Stairs Other:\_ If applicable, what Eyewash Fire Extinguisher Safety Shower emergency safety equipment Spill Kit or supplies were used? First Aid Kit Other:

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Was an emergency call made to University Police (x41991 911)?	Was emergency transport needed?	
Yes No	Yes No	
Did affected person seek medical attention?	re? Di	id the person refuse treatment?
Yes No		Yes No
What was the response to the accident/incident?		
Witness to Accident/Incident? Yes No		
List name(s) of witness		
Phone	( ) -	
Phone	( ) -	
Where other people Injured? Yes No		
Phone	-	
Phone	( ) -	
Person Completing Form:	Signature:	Date Signed:
Email:	Phone: ( ) -	Date Completed:

Visitor 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: <a href="http://bfa.sdsu.edu/ehs/">http://bfa.sdsu.edu/ehs/</a>

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