



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 Involved in the Incident: Email: Phone:

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

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 Apply)

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. #):

If applicable, what emergency safety equipment or supplies were used? Eyewash Safety Shower First Aid Kit Fire Extinguisher Spill Kit Other:

Was an emergency call made to University Police (x41991 or 911)? <input type="checkbox"/> Yes <input type="checkbox"/> No	Was emergency transport needed? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Did affected person seek medical attention? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, where?	Did the person refuse treatment? <input type="checkbox"/> Yes <input type="checkbox"/> No
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What was the response to the accident/incident?

Witness to Accident/Incident? <input type="checkbox"/> Yes <input type="checkbox"/> No
List name(s) of witness
Phone () -
Phone () -

Where other people Injured? <input type="checkbox"/> Yes <input type="checkbox"/> 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: <http://bfa.sdsu.edu/ehs/>