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.

<table>
<thead>
<tr>
<th>Person Involved in the Incident:</th>
<th>Email:</th>
<th>Phone:</th>
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<tr>
<th>Date of Incident: (Month-Day-Year)</th>
<th>Time of Incident:</th>
<th>Age:</th>
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<thead>
<tr>
<th>Campus Representative:</th>
<th>N/A</th>
<th>Phone Number:</th>
<th>Department:</th>
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| Reason for Visit: | |
|--------------------| |

Nature of the Incident/Injury: (Check All That Apply)

- Chemical Exposure
- Electrical Shock
- Crush/Impact/Compression
- Fall
- Explosion
- Heat Illness
- Fainting/Loss of Consciousness
- 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 applicable, what object or substance directly harmed the person?

Type Of Location Where Incident Occurred: (Check All That Apply)

- Laboratory/Classroom/Field
- Office Space
- Service/Utility Area
- Recreation/Fit Center
- Athletic Field/Gym
- Construction Site
- Workshop/Studio
- Outdoor Area/Walkway
- Stairs
- Other: _____

Describe location details (i.e. bldg., rm. #):

If applicable, what emergency safety equipment or supplies were used?

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

EHS, SDSU
Rev 12/2015
<table>
<thead>
<tr>
<th>Was an emergency call made to University Police (x41991 or 911)?</th>
<th>Was emergency transport needed?</th>
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<tbody>
<tr>
<td>[ ] Yes [ ] No</td>
<td>[ ] Yes [ ] No</td>
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<thead>
<tr>
<th>Did affected person seek medical attention?</th>
<th>If Yes, where?</th>
<th>Did the person refuse treatment?</th>
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<tbody>
<tr>
<td>[ ] Yes [ ] No</td>
<td></td>
<td>[ ] Yes [ ] No</td>
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</table>

What was the response to the accident/incident?

**Witness to Accident/Incident?** [ ] Yes [ ] No

List name(s) of witness

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<thead>
<tr>
<th>Phone</th>
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**Where other people injured?** [ ] Yes [ ] No

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<th>Phone</th>
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**Person Completing Form:**

<table>
<thead>
<tr>
<th>Signature:</th>
<th>Date Signed:</th>
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<tbody>
<tr>
<td>Email:</td>
<td>Phone:</td>
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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/](http://bfa.sdsu.edu/ehs/)