SAN DIEGO STATE UNIVERSITY

STUDENT INCIDENT/INJURY REPORT

Complete and Submit to Department Chair/Academic Department within 24 hours.

Academic Department, please email or fax copy to:
Environmental Health & Safety (ehsoffice@sdsu.edu, fax: 42854) and
Risk Management (sdsuriskmanagement@sdsu.edu, fax: 46022)

Complete the form by typing or printing the responses clearly. Check all applicable boxes. Detailed student injury reporting guidelines can be found on the SDSU Risk Management website.

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

Date of Incident:(Month-Day-Year) / /	Time of Incident: : am/pm	Red ID:

Faculty, Staff, TA or other individual supervising the activity: Name _____ Phone _____ Course number and name of experiment or activity: Course No. _____ Experiment/Activity _____	Incident Location: ☐ on campus Building/Room _____/_____ Other_____ ☐ off campus Clinical/Learning Site_____ Field Trip Location_____ Other _____	Was faculty, staff, TA or activity supervisor notified of the incident/injury? ☐Yes ☐No SDSU Department: _____

Nature of the Incident/Injury: (Check All That Apply)			Body Part Affected: (Check All That Apply)
☐ Biological Exposure	☐Chemical Exposure	☐ Fire	☐ Finger ☐ Face/Head
☐ Biological Spill	☐ Absorption	☐ Puncture/Needle stick	☐ Hand ☐ Torso
☐ Electrical Shock	☐ Ingestion	☐ Sprain/Strain	☐ Arm ☐ Whole Body
☐ Burn	☐ Inhalation	☐ Other: _____	☐ Foot ☐ Eye
☐ Crush/Impact/Compression	☐ Injection		☐ Leg ☐ Skin
☐ Fall	☐ Chemical Spill		☐ Other_____ ☐ Back
☐ Explosion	☐ Fainting/Loss of Consciousness		
☐ Laceration/Cut	☐ Flying/Falling Debris		
☐ Bite	☐ Abrasion		

What happened? Describe how the incident/injury occurred? Include what was happening prior to the incident/injury. (If more space is needed, attach separate sheet. 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 student?

Was an emergency call made (911 or University Police x41991)?	Was emergency transport needed?
☐ Yes ☐ No	☐ Yes ☐ No

Did student seek medical attention?	If Yes, where?	Did the student refuse treatment?
☐ Yes ☐ No		☐ Yes ☐ No

What was the medical response to the incident? **(For Student Health Services Use Only)**

___ The student was evaluated and treated at SHS for minor injuries.

___ Other: _____

Provider Name:_____ Provider Signature: _____ Date: _____

PPE Worn by student: (Check All That Apply)

☐ Lab coat/apron
☐ Respirator -Dust Mask (N95)
☐ Head Protection: Type: _____
☐ Eye Protection: Type: _____
☐ Hearing Protectors: Type: _____
☐ Hand Protection: Type: _____
☐ Foot Protection: Type: _____
☐ Other:_____
☐ None

What safety equipment was used to control hazard?: (Check All That apply)

☐Biological Safety Cabinet
☐Fume Hood ☐Canopy Hood
☐Elephant Trunk/Snorkel ☐Machine Guard
☐Barrier
☐Containment/Isolation
☐Other:_____
☐None

What emergency safety equipment or supplies were used in response?	☐ Eyewash ☐ Fire Extinguisher ☐ Safety Shower ☐ Spill Kit ☐ First Aid Kit ☐ Other: _____

Witness to Accident/Incident?	☐Yes ☐No	
List name(s) of witness		
	Phone	( ) -
	Phone	( ) -

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