



SAN DIEGO STATE UNIVERSITY ENVIRONMENTAL HEALTH & SAFETY

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 a potential exposure, chemical, biological, or radiological spill, fire, explosion, impact, puncture, electrical shock, fall, entrapment etc. regardless of whether an injury or illness occurred. It may be completed by the person affected by the incident, a witness, or the supervisor or manager.

In the event of an injury or illness, the Supervisor's Report of Work Related Accident/Illness form must also be completed if the affected individual is an employee of the University

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

Employee Involved in the Incident: Department: Phone:

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

Manager or Supervisor of Employee: Phone Number Was the manager or supervisor notified of the accident/incident? Supervisor Email:

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 accident/incident involved sharps, the Sharps Injury Log must also be completed. If applicable, what object or substance directly harmed the employee?

Location/Work Area Where Incident Occurred: (Check All That Apply) Procedure Being Performed at Time of Incident: (Check All That Apply)

PPE Worn by Employee at Time of Exposure: (Check All That Apply) <input type="checkbox"/> Respirator-Half or Full Face: Cartridge: _____ <input type="checkbox"/> Dust Mask (N95) <input type="checkbox"/> Hand Protection <input type="checkbox"/> Hearing Protectors <input type="checkbox"/> Eye Protection <input type="checkbox"/> Foot Protection <input type="checkbox"/> Head Protection <input type="checkbox"/> None <input type="checkbox"/> Other: _____	What safety equipment was used to control hazard?: (Check All That Apply) <input type="checkbox"/> Biological Safety Cabinet <input type="checkbox"/> Containment/Isolation <input type="checkbox"/> Fume Hood <input type="checkbox"/> Canopy duct <input type="checkbox"/> Elephant Trunk/Snorkel <input type="checkbox"/> Machine Guard <input type="checkbox"/> Barrier <input type="checkbox"/> None <input type="checkbox"/> Other: _____
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What specific safety and hazard references (e.g., SDS, operator instruction manual, standard operating procedure) were consulted and what safety/hazard training 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: _____
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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 employee seek medical attention?	If Yes, where?	Did the employee refuse treatment?
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No

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 Employees Injured?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Phone () -
	Phone () -

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

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/>