SAN DIEGO STATE UNIVERSITY

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# 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: | Incident Location: | Was faculty, staff, TA or activity supervisor notified of the incident/injury? |
|---|---|---|
| Name ____________________<br>Phone ____________________<br>Course number and name of experiment or activity:<br>Course No. ____________________<br>Experiment/Activity ____________________ | ☐on campus<br>Building/Room ____________/________<br>Other____________________<br>☐off campus<br>Clinical/Learning Site____________________<br>Field Trip Location____________________<br>Other ____________________ | ☐Yes ☐No<br>SDSU Department:<br>____________________ |

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

- ☐Biological Exposure
- ☐Biological Spill
- ☐Electrical Shock
- ☐Burn
- ☐Crush/Impact/Compression
- ☐Fall
- ☐Explosion
- ☐Laceration/Cut
- ☐Bite
- ☐Chemical Exposure
  - ☐Absorption
  - ☐Ingestion
  - ☐Inhalation
  - ☐Injection
- ☐Chemical Spill
- ☐Fainting/Loss of Consciousness
- ☐Flying/Falling Debris
- ☐Abrasion
- ☐Fire
- ☐Puncture/Needle stick
- ☐Sprain/Strain
- ☐Other: ____________

**Body Part Affected:** (Check All That Apply)

- ☐Finger
- ☐Hand
- ☐Arm
- ☐Foot
- ☐Leg
- ☐Other_____
- ☐Face/Head
- ☐Torso
- ☐Whole Body
- ☐Eye
- ☐Skin
- ☐Back

| 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.<br>___ Other: ____________________________________________<br><br>Provider Name:________________________________ Provider Signature: ____________________ Date: _________ |

| PPE Worn by student: (Check All That Apply) | What safety equipment was used to control hazard?: (Check All That apply) |
|---|---|
| ☐Lab coat/apron<br>☐Respirator -Dust Mask (N95)<br>☐Head Protection: Type: ____________________<br>☐Eye Protection: Type: _____________________<br>☐Hearing Protectors: Type: __________________<br>☐Hand Protection: Type: ____________________<br>☐Foot Protection: Type: _____________________<br>☐Other:____________<br>☐None | ☐Biological Safety Cabinet<br>☐Fume Hood ☐Canopy Hood<br>☐Elephant Trunk/Snorkel ☐Machine Guard<br>☐Barrier<br>☐Containment/Isolation<br>☐Other:____________<br>☐None |

| What emergency safety equipment or supplies were used in response? | ☐Eyewash ☐Fire Extinguisher<br>☐Safety Shower ☐Spill Kit<br>☐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: | |