

INITIAL INCIDENT REPORT

PURPOSE: This report can be used to notify the University of an incident and should provide the University with the information required to eliminate or improve the conditions and practices that resulted in the injury, damage, near miss, fire or spill.

INSTRUCTIONS: Complete this form as soon as possible after an incident or near miss and forward to Linda Vadura, Health & Safety Specialist in the COSE Dean's office by FAX at (415)338-6136 or in person at TH323 then call x8-6892 or EHOS at 8-1449.

(1) TYPE OF INCIDENT

- Injury Fainting Chemical Splash or Possible Exposure
 Fire Chemical Spill Other _____

PLEASE PRINT

(2) INCIDENT DESCRIPTION

Location: Building: _____ Room/Area: _____

Date: ____ / ____ / _____ Time: _____ AM or PM

Was anything spilled or damaged? NO Yes Was the Supervisor/PI notified? NO Yes
(If so, what was it and how much or to what extent?)

Was anyone injured? NO Yes Was anyone sick/dizzy? NO Yes

If so, who? Name _____

Male Female SFSU Student SFSU Faculty SFSU Staff Visitor

Class/Dept/Local Address: _____

Were others involved? _____

Briefly describe what happened:

Answer questions such as "What was the person or equipment doing when it occurred?" "What spilled or injured victim?"

Who was there?(witnesses) _____

If there was an injury... *(Please be specific)*

What directly injured the person? (book, chemical, stairs, glassware, steam, animal) _____

What kind of injury? (_____) What part of the body? _____

Where did the person go for treatment? OR Was it first aid (_____) only? _____

Was an eye wash, shower, fire extinguisher, or spill kit used? _____

(3) ASSESSMENT

How do you think this incident could be prevented: (Please do not write "by being more careful" or "the place was unsafe" or "I don't know".) Please, write on the back of this sheet if you run out of room.

Print Name of Person filling out this form: _____ Signature _____