

## 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                       Near Miss  
 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  
(If so, what was it and how much or to what extent?)

Was the Instructor/Supervisor/PI notified?  NO  Yes

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? (burn, cut, chemical contact) \_\_\_\_\_ What part of the body? \_\_\_\_\_

Where did the person go for treatment? OR Was it FIRST AID (bandaid) 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 \_\_\_\_\_