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

(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 Supervisor/PI notified?  NO  YES

(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 ___________________________

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