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 EHS 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

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 (hand) 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 ___________________________