



Initial Incident Report

(Use only if needed)

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 condition and practices that resulted in the injury, damage, near miss, fire or spill.
→ Complete this form as soon as possible after an incident or near miss and forward to **department chair**.

(1) TYPE OF INCIDENT

Injury Fainting Near Miss
 Fire Chemical Spill Other _____

(2) INCIDENT DESCRIPTION

Location: Building (room # or area): _____

OR Fieldtrip Site: _____

Date of incident: ____/____/____ Time of incident: _____ (specify AM or PM)

Was anything spilled or damaged? NO YES Was the instructor notified? NO YES
(If so, what was it & how much or to what extent?)

Was anyone injured? NO YES Was anyone sick or dizzy? NO YES

If so, who? Name (LAST) _____ (First) _____

Male Female SFSU Student SFSU Faculty SFSU Staff Visitor

Class/ Dept/ Local address: _____

Where others involved? _____

Briefly describe what happened:

(Answer questions such as "What was person or equipment doing when accident occurred?", "What injured the victim?")

Who was present? (witnesses): _____

If there was an injury ...

What directly injured the person? (activity, chemical, stairs, equipment, animal, etc.) _____

What kind of injury? (burn, cut, strain, chemical) _____ What part of body? _____

Where did person go for treatment? OR was First Aid given? _____

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

(3) ASSESSMENT

How do you think this accident could have been 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 needed.

PRINT NAME of person filling this form: _____ Signature _____

DATE signed : _____