



SCU EMPLOYEE INCIDENT REPORT FORM

Complete within 24 hours and email to Sean Collins, the EHS Director, at spcollins@scu.edu or fax at 408-554-4734

IMPORTANT: Any spills/releases to the environment, injury resulting in death, permanent disfigurement, dismemberment, or hospitalization expected to last more than 24 hours must be reported to EHS **immediately** (408-554-5078 or x 5078).

For instructions on other required reporting of workplace injury/illness, contact the Department of Human Resources.

EMPLOYEE TO COMPLETE	PART 1: PERSONAL IDENTIFICATION			Employee Group		
	Name (Last, First)		Department		<input type="checkbox"/> Employee <input type="checkbox"/> Student employee <i>For incidents involving students, visitors, and other third-parties, complete the SCU Incident Form 2</i>	
	Job Title		Work Phone	Home Phone		
	Employee Start Time		Employee Work Days			
	Supervisor Name (Last, First)		Title	Work Phone	Work Schedule: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	Bargaining Unit: <input type="checkbox"/> Yes <input type="checkbox"/> No
	PART 2: INCIDENT DESCRIPTION					
	Date of Incident		Time of Incident		Location of Incident (Street address or Bldg name, Room#)	
	Resulted in employee injury/illness? <input type="checkbox"/> Yes Æ <input type="checkbox"/> No		Description of Injury/ Illness (type of injury/ illness & body part, e.g. sprained rt. ankle, severe cut on left thumb):			
	Resulted in spill or release to environment? <input type="checkbox"/> Yes Æ <input type="checkbox"/> No		Description of spill or release (quantity, duration, location, extent of spill/release):			
	Incident details--				Witness Name(s)/ Ph. #(s):	
• Specific task being performed at time of incident:						
• Step-by-step events leading up to the incident:						
• Equipment/ tools involved:						
• Materials being handled:						
• Unusual condition(s):						
• Other relevant details:						
<i>Continued on attached sheet (page 3):</i> <input type="checkbox"/>						
Was this an injury caused by an animal (i.e. bite, scratch)?			<input type="checkbox"/> Yes Æ <input type="checkbox"/> No		If yes, indicate animal species:	
Medical evaluation: <input type="checkbox"/> Conducted at SCU contracted medical facility <input type="checkbox"/> Conducted at other medical facility: _____ <input type="checkbox"/> Deemed unnecessary by employee			Date of initial medical evaluation:		Important: For instructions on other required reporting of workplace injury/illness, contact Human Resources.	
			Name & Ph# of treating physician:			
Employee Signature*			Date			

* Signing of this form does not constitute acceptance of individual fault

----- Give to Supervisor to complete next page -----

Employee Last Name: _____

SUPERVISOR TO COMPLETE	PART 3: ADDITIONAL INCIDENT INFORMATION			
	Supervisor Comments <i>(additional information on nature of incident details, etc.)</i>			
	Is this a "sharps injury" (i.e. needlestick, cut, or abrasion) with an object that may have been contaminated with blood or other potentially infectious material?		<input type="checkbox"/> Yes \AA <input type="checkbox"/> No	If yes , Cal/OSHA requires additional reporting- contact EHS at 554-5078.
	PART 4: POSSIBLE CAUSAL FACTORS			
	<u>Process/ environment-related: (Check all that possibly apply)</u>		<u>Personnel-related: (Check all that possibly apply)</u>	
	<input type="checkbox"/> Housekeeping	<input type="checkbox"/> Workstation/ area setup	<input type="checkbox"/> Tool/ equipment use or selection	<input type="checkbox"/> Work pacing
	<input type="checkbox"/> Work procedure, or lack of	<input type="checkbox"/> Flooring/ ground	<input type="checkbox"/> Level of support/ assistance	<input type="checkbox"/> Other:
	<input type="checkbox"/> Repetitive motion	<input type="checkbox"/> Lighting	<input type="checkbox"/> Awkward posture(s)	
	<input type="checkbox"/> Tool/ equipment condition	<input type="checkbox"/> Ventilation	<input type="checkbox"/> Personal protective equipment use	
	<input type="checkbox"/> Tool/ equipment availability	<input type="checkbox"/> Other:	<input type="checkbox"/> Following of procedure/ instruction	
<input type="checkbox"/> Personal protective equipment availability		<input type="checkbox"/> Level of attention to task		
Possible Root Cause(S): <i>(Factors contributing to the workplace condition(s) or action(s) identified above)</i>				
<i>(Check all that possibly apply)</i>		Additional details on possible cause(s):		
<input type="checkbox"/> Awareness of job hazards				
<input type="checkbox"/> Level of training				
<input type="checkbox"/> Level of inspection/ maintenance				
<input type="checkbox"/> Level of communication				
<input type="checkbox"/> Level of resources available				
<input type="checkbox"/> Other:				
PART 5: PLANNED FOLLOW-UP EFFORTS				
----- FOR FURTHER CONSULTATION, CALL EHS AT 554-5078 -----				
<i>Check all that possibly apply:</i>				
<input type="checkbox"/> Conduct ergonomic evaluation (01)	<input type="checkbox"/> Post safety signage in area (06)	<input type="checkbox"/> Review as job performance issue (10)		
<input type="checkbox"/> Evaluate equipment/ facility condition (02)*	<input type="checkbox"/> Review inspection and/ or maintenance program (07)	<input type="checkbox"/> Other (11):		
<input type="checkbox"/> Provide appropriate tool/ equipment (03)	<input type="checkbox"/> Review formal work procedure (08)			
<input type="checkbox"/> Provide personal protective equipment (04)	<input type="checkbox"/> Assess newly identified hazard(s) (09)			
<input type="checkbox"/> Provide initial/ refresher training (05)				
* For facility-related concerns contact Facilities at 554-4742				
Follow-up Action:				
<i>For each follow-up effort checked above, indicate its action code (# in parentheses) and describe the planned action. As actions are completed, record completion date, and initial the original copy for local recordkeeping purposes.</i>				
Action Code	Description of Planned Action	Date Completed	Supervisor Initial	
		<i>Can submit form before completing</i>	<i>Can submit form before completing</i>	
Supervisor Signature**		Date		
** Signing of this form does not constitute acceptance or assignment of individual fault				

PART 6: IMMEDIATELY EMAIL TO spcollins@scu.edu or FAX THIS FORM TO EHS AT 554-4734

EMPLOYEE INCIDENT DESCRIPTION- Additional space to continue description(s) if needed