

SCU EMPLOYEE INCIDENT REPORT FORM

Complete within 24 hours and email to mthompson2@scu.edu 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 408-554-4406).

For instructions on other required reporting of workplace injury/illness, contact HR.

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

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

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

	PART 3: ADDITIONAL INCIDENT INFORMATION								
	Supervisor Comments (additional information on nature of incident details, etc.)								
	Is this a "sharps injury" (<i>i.e. needlestick, cut, or abrasion</i>) with an object that may have been contaminated with blood or other potentially infectious material? If yes, Cal/OSHA requires additional reporting- contact EHS at 408-554-5078 or 408-554-4406.						reporting- contact EHS at		
	PART 4: POSSIBLE CAUSAL FACTORS								
S U P E R	Housekeeping Workstation/area setup Hoosekeeping Work pacing Work procedure, or lack of Flooring/ ground Level of support/assistance Other: Repetitive motion Lighting Awkward posture(s) Other: Tool/ equipment condition Ventilation Personal protective equipment use Following of procedure/ instruction Personal protective Other: Level of attention to task						– Vork pacing		
V	Possible Root Cau	bot Cause(S): (Factors contributing to the workplace condition(s) or action(s) identified above)							
I S O R	(Check all that possibly apply) Additional details on possible cause(s): Awareness of job hazards Level of training Level of inspection/ maintenance Level of communication Level of resources available Other:								
т	PART 5: PLANNED FOLLOW-UP EFFORTS								
0 C O M	 Conduct ergon Evaluate equip Provide approp Provide persor Provide initial/ 	heck all that possibly apply: Post safety signage in area (06) Review as job performance issue (10) Conduct ergonomic evaluation (01) Post safety signage in area (06) Other (11): Evaluate equipment/facility condition (02)* Review inspection and/or maintenance Other (11): Provide appropriate tool/ equipment (03) Review formal work procedure (08) Other (11): Provide personal protective equipment (04) Assess newly identified hazard(s) (09) For facility-related concerns contact Facilities at 408-554-4742							
P L		<mark>o Action:</mark> follow-up effort checked above, indicate its action code (# in parentheses) and describe the planned action. As actions are completed, mpletion date, and initial the original copy for local recordkeeping purposes.							
Ε	Action Code	Description of Planne	d Action			Date Completed	Supervisor Initial		
T						Can submit form before completing	Can submit form before completing		
	Supervisor Signatu	ire**	Date			<u> </u>			
** Signing of this form does not constitute acceptance or assignment of individual fault									
PA	ART 6: IMMEDIATELY EMAIL TO: mthompson2@scu.edu								

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