



**SANTA CLARA UNIVERSITY
STUDENT AND NON-EMPLOYEE
INCIDENT REPORT**

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

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PART 1: PERSONAL IDENTIFICATION			Individual Status
Name (Last, First)			<input type="checkbox"/> Student <input type="checkbox"/> Contractor <input type="checkbox"/> Visitor <input type="checkbox"/> Other
Address	Work Phone	Home Phone	For incidents involving student employees, complete the SCU Employee Incident Report Form
University Contact Name	Title	Work Phone	

PART 2: INCIDENT DESCRIPTION		
Date of Incident	Time of Incident	Location of Incident (Street address or Bldg name, Room#)

Resulted in injury/ illness?	Yes → No	Description of Injury/ Illness (type of injury/ illness & body part, e.g. sprained rt. ankle, severe cut on left thumb):
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Resulted in spill or release to environment?	Yes → No	Description of spill or release (quantity, duration, location, extent of spill/release):
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Incident details--	Witness Name(s)/ Ph. #(s):
<ul style="list-style-type: none"> • 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: 	
Continued on attached sheet:	

Was this an injury caused by an animal (i.e. bite)?	Yes → No	If yes, indicate animal species:
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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 injured party	Date of initial medical evaluation:
	Name and phone number of treating physician:

Involved Party Signature*	Date
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University Contact Signature*	Date
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* Signing of this form does not constitute acceptance of individual fault