

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	
	Job Title		Work Phone	Home Phone		For incidents involving students, visitors, and other third-parties, complete the SCU Incident Form 2
	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:						
Continued on attached sheet (page 3): <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:				
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.				
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