SCU EMPLOYEE INCIDENT REPORT FORM



Complete within 24 hours and email to Sean Collins, the EHS Director, at <a href="mailto:specific-equation-specific-specific-equation-spec

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.

PART 1: PERSONAL II	DENTIFICATIO	N				Employee Group	
Name (<i>Last, First</i>)		Departmen	ıt			Employee Student employee	
Job Title		Work Phone	8	Home Phone		For incidents involving students, visitors, and other third-parties, complete the SCU Incident Form 2	
Supervisor Name (<i>Last, First</i>)		Title		Work Phone		Work Schedule: Bargaining Unit: Full-time Yes Part-time	
PART 2: INCIDENT DE	SCRIPTION						
Date of Incident Time	e of Incident	Loca	tion of Incident	(Street address or E	3ldg name	?, Room#)	
Resulted in Yes Æ employee No No	Description of Injury/	Illness (type	of injury/ illnes	s & body part, e.g. s	sprained r	t. ankle, severe cut on left thumb):	
Resulted in spill Yes Æ or release to No	Description of spill or	release (qua	ntity, duration,	location, extent of	spill/relea		
Incident details						Witness Name(s)/ Ph. #(s):	
• Specific task being performed time of incident:	at						
• Step-by-step events leading up to the incident:)						
Equipment/ tools involved:							
Materials being handled:							
• Unusual condition(s):							
Other relevant details:							
					Contin	ued on attached sheet (page 3): 🗌	
Was this an injury caused by an a scratch)?	nimal (<i>i.e. bite,</i>	Yes Æ	If yes, indicate	e animal species:			
Medical evaluation: Conducted at SCU contracted medical facility Conducted at other medical facility: Deemed unnecessary by employee		Date of ir				nportant: For instructions on other equired reporting of workplace injury/ Iness, contact Human Resources.	
		Name & F	Name & Ph# of treating physician: ill		illnes		
Employee Signature*			Date				

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

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

Supervisor Signature** Date	this a "sharps injury" (i.e. needlestick, cut, or abrasion) with n object that may have been contaminated with blood or Yes Æ No If yes, 554-50 Protestially infectious material? Process/ environment-related: (Check all that possibly apply) Personnel-related: Process/ environment-related: (Check all that possibly apply) Personnel-related: Personnel-related: Work procedure, or lack of Flooring/ ground Possonal protection Work procedure, or lack of Flooring/ ground Personal protection Tool/ equipment condition Ventilation Personal protective Personal protective Personal protective Following of pro equipment availability Other: Personal condition Pervel of attention ossible Root Cause(S): (Factors contributing to the workplace condition(s) or action(s) if If yes, figure 1 If yes, figure 2	078. : (Check all that possibly apply) t use or selection wo / assistance btr e(s) tive equipment use bccedure/ instruction n to task	irk pacing
an object that may have been contaminated with blood or here controlling infectious material? PART 4: POSSIBLE CAUSAL FACTORS Proceeders anvironment-related: (Check all that possibly apply Dispersional procedure, or lack of Dispersional procedure and that possibly apply Dispersional protective equipment use or selection Dispersional protective equipment availability Dispersional protective equipment (additional details on possible cause(s): Disper	n object that may have been contaminated with blood or ther potentially infectious material? 554-50 PART 4: POSSIBLE CAUSAL FACTORS Process/ environment-related: (Check all that possibly apply) Personnel-related: Housekeeping Workstation/ area setup Work procedure, or lack of Flooring/ ground Level of support/ Awkward postur Tool/ equipment condition Ventilation Tool/ equipment availability Other: Personal protective equipment availability Other: ossible Root Cause(S): (Factors contributing to the workplace condition(s) or action(s) in	078. : (Check all that possibly apply) t use or selection wo / assistance btr e(s) tive equipment use bccedure/ instruction n to task	irk pacing
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Check all that possibly apply Beyel of inspection/maintenance Evel of resources available Additional details on possible cause(s): PART 5: PLANNED FOLLOW-UP EFFORTS Beview of resources available FOR FURTHER CONSULTATION, CALL EHS AT 554-5078 Check all that possibly apply: Bond that possibly apply: Conduct ergonomic evaluation (01) Beview formal work procedure (08) Provide appropriate tool/ equipment (03) Provide appropriate tool/ equipment (03) Provide appropriate tool/ equipment (03) Provide appropriate tool/ equipment (03) Provide appropriate tool/ equipment (04) Provide appropriate tool/ equipment (03) Provide personal protective equipment (04) Provide appropriate tool/ equipment (04) Provide appropride appropride appropriate tool/ equipment (05) Provide		identified above)	
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Check all that possibly apply: Conduct ergonomic evaluation (01) Provide appropriate tool/ equipment (03) Provide appropriate tool/ equipment (04) Provide initial/ refresher training (05) * For facility-related concerns contact Facilities at 554-4742 For each follow-up effort checked above, indicate its action code (# in parentheses) and describe the planned action. As actions are completed, record keeping purposes. Action Code Description of Planned Action Can submit form before completing Supervisor Signature** Date	ART 5: PLANNED FOLLOW-UP EFFORTS		
Conduct ergonomic evaluation (01) Post safety signage in area (06) Provide appropriate tool/ equipment (03) Program (07) Provide personal protective equipment (04) Review formal work procedure (08) Provide initial/ refresher training (05) Assess newly identified hazard(s) (09) * 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 Can submit form before completing Can submit form before completing Supervisor Signature** Date		78	
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" " Signing of this form does not constitute acceptance or assianment of individual fault	* Signing of this form does not constitute acceptance or assignment of individual fault		

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