

[INITIAL INCIDENT REPORT]

IIPP-1

PURPOSE: This report can be used to notify the University of an incident and should provide the University with the information required to eliminate or improve the conditions and practices that resulted in the injury, damage, near miss, fire or spill.

INSTRUCTIONS: The Supervisor/Instructor must complete this form as soon as possible after an incident or near miss. Forward this report to Linda Vadura, Health & Safety Specialist by FAX at (415) 338-6136, by EMAIL at lvadura@sfsu.edu, by MAIL or IN PERSON to the COSE Dean's Office in TH323.

(1) TYPE OF INCIDENT

- Injury Illness / Fainting Near Miss
 Fire Chemical Spill Other _____

(2) INCIDENT DESCRIPTION

Date and Time of Incident

Date _____ Time _____ AM or PM

Location where it happened

Include Building, Room, or Area Description/Address

Briefly describe what happened

Answer questions such as "What was the person or equipment doing when it occurred?" "What spilled and where did it spread?" "What injured the victim?" "What was damaged and how?"

Was an eye wash, emergency shower, spill kit, or fire extinguisher used? NO if YES, explain _____

Were there any witnesses? NO Yes

Were others involved or affected? NO Yes

Describe

Was anyone injured, sick or dizzy? NO Yes

If so, who? Name

Contact Information

First

MI

Last

SFSU Faculty

SFSU Staff

Visitor

SFSU Student

Course # or Department

If there was an injury....

Please be specific. Example: Slipped on a banana.

1. What kind of injury?(i.e., burn, cut, puncture, chemical contact, swelling, bite)

2. What part of the body?

3. What directly injured the person? (i.e., glass shard, chemical, slip on wet floor, steam, animal)

Specify

4. Was the injured/ill person treated on -site with basic first aid? NO Yes

Describe

5. Did the person go for medical treatment?

NO Yes

If so, where?

(3) ASSESSMENT

(Please do not write "by being more careful" or "the place was unsafe" or "I don't know.") These are not helpful comments!

How do you think this incident could be prevented in the future? *You may write on the back of this sheet if you run out of room.*

Note: The course instructor or supervisor should fill out this form.

Print Name of Person fill out this form. _____ Signature _____

If not the supervisor or instructor, _____
Signature of the Supervisor or Instructor _____ Date _____