



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.

EMPLOYEE TO COMPLETE	PART 1: PERSONAL IDENTIFICATION			Employee Group		
	Name (<i>Last, First</i>)		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
	Employee Start Time		Employee Work Days			
	Supervisor Name (<i>Last, First</i>)		Title	Work Phone		
			Work Schedule:		Bargaining Unit:	
			<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time		<input type="checkbox"/> Yes <input type="checkbox"/> No	
	PART 2: INCIDENT DESCRIPTION					
	Date of Incident		Time of Incident		Location of Incident (<i>Street address or Bldg name, Room#</i>)	
	Resulted in employee injury/illness? <input type="checkbox"/> Yes <input type="checkbox"/> No		Description of Injury/ Illness (<i>type of injury/illness & body part, e.g. sprained rt. ankle, severe cut on left thumb</i>):			
Resulted in spill or release to environment? <input type="checkbox"/> Yes <input type="checkbox"/> No		Description of spill or release (<i>quantity, duration, location, extent of spill/release</i>):				
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>i.e. bite, scratch</i>)?		<input type="checkbox"/> Yes <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 INCIDENT DESCRIPTION- Additional space to continue description(s) if needed