

RETURN TO ENVIRONMENTAL HEALTH, SAFETY AT MAIL DROP 8284

The following information should be submitted by the Laboratory Instructor, Laboratory Supervisor or other university employee having knowledge of an incident whenever a student, or campus visitor is injured on university property or during a university sponsored activity. All close calls, near misses and incidents resulting in injury or illness shall be reported using this form. Please report all serious injuries within 24 hours. If more space is needed, please provide additional pages. Contact EH&S for questions: (818) 677-2401.

(Not for Employee Injuries. This is a confidential, internal report.)

NAME OF INJURED PARTY: *(Last, First, MI):* _____ **Date of Injury:** _____

CSUN ID #: _____ **Phone:** _____ **Email:** _____

DESCRIPTION OF INCIDENT: *(Why did it happen?)* _____

INCIDENT ANALYSIS: *(What was the cause?)* _____

LOCATION OF INCIDENT: *(Be specific)* [CSUN Campus Map Link](#)

CAMPUS POLICE RESPONDED? Yes No

INJURED TREATED AT OR BY: Given First Aid Student Health Center Hospital/Doctor Ambulance none

UNIVERSITY PERSON REPORTING:

Name: _____ **Department:** _____ **Phone:** _____

WITNESSES:

Name *(Last, First, MI)* : _____ **Work Phone:** _____ **Home Phone:** _____

FOLLOW UP:

Corrective Action Taken or Recommended: *(List on separate page if necessary)*

Preparer of Accident Report: _____

Signature: _____ **Date:** _____