Department of Safety & Risk Management
Accident Analysis Report

Incident Details

Name of Individual Involved: _____

SF ID: _____ Phone: _____

Supervisor: _____

Location: _____ Date & Time: _____

Nature & Causes

☐ Allergic Reaction
☐ Bite/Sting
☐ Car/Truck/Motorized Vehicle
☐ Caught In/Between
☐ Contact with Chemical
☐ Contact with Hot Surface or Flame
☐ Environmental Exposure
☐ Ergonomic
☐ Needle Stick
☐ Pushing/Pulling
☐ Slip/Trip/Fall
☐ Struck Against
☐ Struck By
☐ Twist/Turn
☐ Other _____

Cause: *Select all that apply and explain*

Equipment _____
Allergen _____
Chemical _____
Biohazard _____
Tools / PPE _____
Environment _____
Procedure _____
Personnel _____
Other _____

Severity:

☐ Observation/Near Miss ☐ First Aid Administered ☐ Off-Campus Medical Treatment ☐ Lost Time
☐ Hospitalization ☐ Other _____

Actions:

Corrective/Preventive Action	Person Responsible	Due Date