



Department of Safety & Risk Management Accident-Incident Analysis Report

Incident Details

Name of Individual Involved: _____

SF ID: _____ Phone: _____

Supervisor: _____

Location: _____ Date & Time: _____

Nature & Causes

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

<u>Corrective/Preventive Action</u>	<u>Person Responsible</u>	<u>Due Date</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____