



# 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>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____