

SDSU Research Foundation Injury and Illness Prevention Program  
**OCCUPATIONAL ACCIDENT, INJURY AND ILLNESS INVESTIGATION REPORT**

*This form is to be used to report the results of all investigations of occupational health and safety accidents, injuries, illnesses, near misses, etc. conducted pursuant to Section L of the SDSU Foundation Injury and Illness Prevention Program. Use Continuation Sheet if additional space is required. <sup>h</sup>s Submit completed original form to Human Resources Department within five days of incident.*

Incident:     Near Miss     Minor Injury     Minor Illness     Major Injury     Major Illness

1) Person(s) Conducting Investigation and Preparing Report *(Include Title and Department/Agency/Project)*

\_\_\_\_\_

● 2) Incident **Date** \_\_\_\_\_ **Time** \_\_\_\_\_ AM/PM

● 3) **Name(s)/Positions of Affected Employee(s)** \_\_\_\_\_

4) Location Where Incident Occurred *(e.g. 5178 College Ave. or parking lot outside 6505 Alvarado Rd.)*

\_\_\_\_\_

5) How Did the Incident Occur? *(What was the employee doing when injured? Please specify the events that resulted in injury. Identify what tools, equipment or materials the employee was using. What repetitive motion or specific activity was involved?)*

\_\_\_\_\_

\_\_\_\_\_

6) Description of Injury/Illness(s) or Damage to Property as a Result of Incident *(e.g. cut, strain, fracture, skin rash, etc. or broken shelf, loose wire, etc.)*

\_\_\_\_\_

\_\_\_\_\_

7) What Workplace Condition, Practices or Protective Equipment Contributed to the Incident?

\_\_\_\_\_

\_\_\_\_\_

8) Was a Code of Safe Practice or Written Operating Procedure Violated?     Yes, If So, Describe     No

\_\_\_\_\_

\_\_\_\_\_

9) Was the Unsafe Condition or Practice (If Any) Corrected Immediately?

Yes ..... What Action Was Taken?

No ..... What Actions Have Been Taken Until Permanent Corrective Action Is Taken?

\_\_\_\_\_

\_\_\_\_\_

● 10) What Other Corrective Actions Are Needed To Prevent Reoccurrence?

\_\_\_\_\_

\_\_\_\_\_

11) Are Changes to Written Safe Practices or Operating Procedures Needed?     Yes, If So, Describe     No

\_\_\_\_\_

\_\_\_\_\_

Signature of Supervisor Completing Report \_\_\_\_\_ Date \_\_\_\_\_

Phone # (Voice) \_\_\_\_\_ (Fax) \_\_\_\_\_ (e-mail) \_\_\_\_\_

