



**SANTA CLARA UNIVERSITY  
STUDENT AND NON-EMPLOYEE  
INCIDENT REPORT**

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PART 1: PERSONAL IDENTIFICATION			Individual Status
Name (Last, First)			<input type="checkbox"/> Student <input type="checkbox"/> Contractor <input type="checkbox"/> Visitor <input type="checkbox"/> Other
Address	Work Phone	Home Phone	For incidents involving student employees, complete the SCU Employee Incident Report Form
University Contact Name	Title	Work Phone	

PART 2: INCIDENT DESCRIPTION		
Date of Incident	Time of Incident	Location of Incident (Street address or Bldg name, Room# )

Resulted in injury/ illness?	Yes → No	Description of Injury/ Illness (type of injury/ illness & body part, e.g. sprained rt. ankle, severe cut on left thumb):
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Resulted in spill or release to environment?	Yes → No	Description of spill or release (quantity, duration, location, extent of spill/release):
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Incident details--	Witness Name(s)/ Ph. #(s):
<ul style="list-style-type: none"> <li>• Specific task being performed at time of incident:</li> <li>• Step-by-step events leading up to the incident:</li> <li>• Equipment/ tools involved:</li> <li>• Materials being handled:</li> <li>• Unusual condition(s):</li> <li>• Other relevant details:</li> </ul>	

Was this an injury caused by an animal (i.e. bite)?	Yes → No	If yes, indicate animal species:
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Medical evaluation:	Date of initial medical evaluation:
<input type="checkbox"/> Conducted at SCU contracted medical facility <input type="checkbox"/> Conducted at other medical facility: _____ <input type="checkbox"/> Deemed unnecessary by injured party	Name and phone number of treating physician:

Involved Party Signature*	Date
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University Contact Signature*	Date
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\* Signing of this form does not constitute acceptance of individual fault