



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

Complete within 24 hours and email to EHS, snordberg@scu.edu, ehs@scu.edu

I N V O L V E D P A R T Y T O C O P L E T E	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):			
	Resulted in spill or release to environment?	Yes → No	Description of spill or release (quantity, duration, location, extent of spill/release):			
	Incident details--				Witness Name(s)/ Ph. #(s):	
	• Specific task being performed at time of incident:		• Step-by-step events leading up to the incident:			
• Equipment/ tools involved:		• Materials being handled:				
• Unusual condition(s):		• Other relevant details:				
• Materials being handled:						
• Unusual condition(s):						
• Other relevant details:				Continued on attached sheet:		
Was this an injury caused by an animal (i.e. bite)?	Yes → No	If yes, indicate animal species:				
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	Date of initial medical evaluation:				
Involved Party Signature*		Date				
University Contact Signature*		Date				

* Signing of this form does not constitute acceptance of individual fault