STANFORD UNIVERSITY
INCIDENT INVESTIGATION REPORT

Complete within 24 hours AND fax to Risk Management at 723-9456.

IMPORTANT: Any injury resulting in death, permanent disfigurement, dismemberment, or hospitalization expected to last more than 24 hours shall be reported to EH&S immediately (725-9999).

EMPLOYEE TO COMPLETE

PART 1: PERSONAL IDENTIFICATION

Name (Last, First) | *Department*

Job Title | *Work Phone* | *Home Phone*

Supervisor Name (Last, First) | *Title* | *Work Phone*

Employee Group

☐ Employee
☐ Student employee

For incidents involving students, visitors, and other third-parties, complete the SU-17B Form at: http://su17.stanford.edu

Work Schedule: ☐ Full-time ☐ Part-time

Bargaining Unit: ☐ Yes ☐ No

PART 2: INCIDENT DESCRIPTION

Date of Incident | *Time of Incident* | *Location of Incident (Street address or Bldg name, Room#)*

Resulted in employee injury/ illness? ☐ Yes → ☐ No

Description of Injury/ Illness (type of injury/ illness & body part, e.g. sprained rt. ankle, severe cut on left thumb):

Incident details--

- *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:*

Witness Name(s)/ Ph. #(s):

Continued on attached sheet: ☐

Was this an injury caused by an animal (i.e. bite, scratch)? ☐ Yes → ☐ No

***If yes**, indicate animal species:*

Medical evaluation:
☐ Conducted by--
- ☐ University Occupational Health Center
- ☐ Stanford Hospital Emergency Room
- ☐ Other:

☐ Deemed unnecessary by employee

Date of initial medical evaluation:

Name & Ph# of treating physician:

IMPORTANT:
For instructions on other required reporting of workplace injury/ illness, go to: http://www.stanford.edu/dept/Risk-Management/

*Employee Signature** | *Date*

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

---------- Supervisor to complete next page ----------

Employee Last Name: _____

SUPERVISOR TO COMPLETE

PART 3: ADDITIONAL INCIDENT INFORMATION

Supervisor Comments (additional information on nature of incident details, etc.)

Is this a "sharps injury" (i.e. needlestick, cut, or abrasion) with an object that may have been contaminated with blood or other potentially infectious material?	☐ Yes → ☐ No	**If yes,** Cal/OSHA requires additional reporting. Go to http://www.stanford.edu/dept/EHS/prod/researchlab/bio/docs/sharpslog.pdf or contact the EH&S Biosafety Office at 723-0448.

PART 4: POSSIBLE CAUSAL FACTORS

Process/ environment-related: (Check all that possibly apply)

- ☐ Housekeeping
- ☐ Work procedure, or lack of
- ☐ Repetitive motion
- ☐ Tool/ equipment condition
- ☐ Tool/ equipment availability
- ☐ Personal protective equipment availability
- ☐ Workstation/ area setup
- ☐ Flooring/ ground
- ☐ Lighting
- ☐ Ventilation
- ☐ Other:

Personnel-related: (Check all that possibly apply)

- ☐ Tool/ equipment use or selection
- ☐ Level of support/ assistance
- ☐ Awkward posture(s)
- ☐ Personal protective equipment use
- ☐ Following of procedure/ instruction
- ☐ Level of attention to task
- ☐ Work pacing
- ☐ Other:

POSSIBLE ROOT CAUSE(S): Factors contributing to the workplace condition(s)/ act(s) identified above

(Check all that possibly apply)

- ☐ Awareness of job hazards
- ☐ Level of training
- ☐ Level of inspection/ maintenance
- ☐ Level of communication
- ☐ Level of resources available
- ☐ Other:

Additional details on possible cause(s):

PART 5: PLANNED FOLLOW-UP EFFORTS

---------- *FOR FURTHER CONSULTATION, CALL EH&S AT 723-0448* ----------

Check all that possibly apply:

- ☐ Conduct ergonomic evaluation (01)
- ☐ Evaluate equipment/ facility condition (02)*
- ☐ Provide appropriate tool/ equipment (03)
- ☐ Provide personal protective equipment (04)
- ☐ Provide initial/ refresher training (05)
- ☐ Post safety signage in area (06)
- ☐ Review inspection and/ or maintenance program (07)
- ☐ Review formal work procedure (08)
- ☐ Assess newly identified hazard(s) (09)
- ☐ Review as job performance issue (10)
- ☐ Other (11):

** For facility-related concerns in **indoor common areas (e.g., hallways)**, coordinate with the building manager. For **public areas (e.g. , sidewalks, parking lots)**, work with FacOps Zone Manager at 723-2281.*

FOLLOW-UP ACTION:

For each follow-up effort checked above, indicate its action code (# in parentheses) and describe the planned action. As actions are completed, record completion date, and initial the original copy for local recordkeeping purposes.

Action Code	*Description of Planned Action*	*Date Completed*	*Supervisor Initial*
		Can submit form before completing	*Can submit form before completing*

*Supervisor Signature*** *Date*

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

PART 7: IMMEDIATELY FAX THIS FORM TO RISK MANAGEMENT AT 723-9456