CALIFORNIA STATE UNIVERSITY
LONG BEACH

# REPORT OF STUDENT/VISITOR INCIDENT OR ACCIDENT

EHS

This form must be submitted within 24 hours of receiving information of an incident to **Environmental Health/Safety.**

## SECTION 1: UNIVERSITY RELATIONSHIP (SELECT ONLY ONE)

☐ Student ☐ Auxiliary ☐ Contractor ☐ Visitor

☐ Other _____ Department: _____

## SECTION 2: INCIDENT TYPE

☐ Injury ☐ Illness ☐ Trip/Fall ☐ Vehicle ☐ Near Miss ☐ Dangerous Condition ☐ ADA Condition

☐ Exposure Incident ☐ Other _____

Police Report Made ☐ YES ☐ NO If Yes, with what agency? ☐ UPD ☐ Other _____

## SECTION 3: INVOLVED/INJURED'S INFORMATION

First Name: _____ Last Name: _____ M.I.: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

## SECTION 4: INCIDENT DETAILS

**Note:** If an accident occurred while driving on university business, you must also complete the Vehicle Accident Report form STD 270.

Date of Incident: _____ Time: AM/PM _____ Location: _____

Multiple persons involved: ☐ Yes ☐ No

**DESCRIBE THE INCIDENT (STATE ONLY THE FACTS).**

What was the person doing just prior to and at the time of the incident? What objects/conditions contributed to the incident?

Name(s) Witnesses: _____

If the incident resulted in an injury or illness, answer the following questions.

a) Describe injury and part of body affected. _____

b) Did the individual receive first aid only? ☐ YES ☐ NO

c) Did the individual receive treatment by medical responders (EMT)? ☐ YES ☐ NO

d) Was the individual transfered off campus by ambulance? ☐ YES ☐ NO

| Preparer's Name (Print) | Phone Number | Date |
|---|---|---|