

REPORT OF INCIDENT OR ACCIDENT CALIFORNIA STATE UNIVERSITY, SACRAMENTO

This form must be submitted within 24 hours of receiving information of an incident to, **Risk Management Services.**

]Faculty ☐ Staff ☐ St	.uuciii Eiiipioyee 🔲 i				
		☐ Volunteer ☐ Other		eport Ma	de 🗌 YES 🔲 1
		SECTION 2: INCIDENT TYPE			
Injury 🗌 Illness 🔲 Vehicl	e 🗌 Near Miss 🔲 Da	ingerous Condition 🔲 Exposu	re Incident Other		
	SECTION	N 3: INVOLVED/INJURED'S INFOR	MATION		
First Name:		Last Name:			M.I.:
Street Address:		City:	State:		Zip:
Phone:	E	mail:			
		SECTION 4: INCIDENT DETAILS			
	_	rsity business, you must also co	omplete the Vehicle Accid	lent Rep	ort form STD 27
Date of Incident:	Time: AM/PM	Location:			
Multiple persons involved	_				
manapio polobilo ilivolvou [.		
What was the person do		THE INCIDENT (STATE ONLY THE time of the incident? What		outed to t	he incident?
<u> </u>	33 1		,		
lame(s) Witnesses:					
` '		in an injury or illness, answer th			
. ,	If the incident resulted i		ne following questions.		
. ,	If the incident resulted in part of body affected.	in an injury or illness, answer tl	ne following questions.	YES	□NO
a) Describe injury and pb) Did the individual rec	If the incident resulted in part of body affected.	in an injury or illness, answer th	ne following questions.		□ NO
a) Describe injury and pb) Did the individual rec	If the incident resulted in part of body affectedeive first aid only?	in an injury or illness, answer th	ne following questions.	YES	_
a) Describe injury and pb) Did the individual recc) Did the individual recd) Was the individual ho	If the incident resulted in part of body affectedeive first aid only? The ive medical treatment ospitalized?	in an injury or illness, answer th	ne following questions.	YES YES	□ NO
 a) Describe injury and p b) Did the individual rec c) Did the individual rec d) Was the individual ho Name of Clinic:	If the incident resulted in part of body affectedeive first aid only? The ive medical treatment ospitalized?	in an injury or illness, answer th	ne following questions.	YES YES	□ NO
a) Describe injury and p b) Did the individual rec c) Did the individual rec d) Was the individual ho Name of Clinic: his is a Sacramento State e	If the incident resulted in part of body affectedeive first aid only? eive medical treatment ospitalized? Femployee, what time did	in an injury or illness, answer th	ne following questions.	YES YES mber:	□ NO □ NO
a) Describe injury and p b) Did the individual rec c) Did the individual rec d) Was the individual ho Name of Clinic: his is a Sacramento State e a) Supervisor:	If the incident resulted in part of body affectedeive first aid only? eive medical treatment ospitalized? Femployee, what time did	in an injury or illness, answer the second s	ne following questions.	YES YES mber:] p.m. [□ NO □ NO
a) Describe injury and p b) Did the individual rec c) Did the individual rec d) Was the individual ho Name of Clinic: this is a Sacramento State e a) Supervisor:	If the incident resulted in part of body affectedeive first aid only? eive medical treatment ospitalized? employee, what time didTitle:	in an injury or illness, answer the second s	ne following questions.	YES YES mber: p.m. [NO □ NO
a) Describe injury and p b) Did the individual rec c) Did the individual rec d) Was the individual ho Name of Clinic: this is a Sacramento State e a) Supervisor:	If the incident resulted in part of body affectedeive first aid only? Delive medical treatment pospitalized? Demployee, what time did Title: mediately return to work	in an injury or illness, answer the second s	ne following questions.	YES YES mber: p.m. [NO □ NO