



California State University  
**Dominguez Hills**

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## INCIDENT / INJURY REPORT FORM

**STOP !      BEFORE COMPLETING THIS FORM THE INCIDENT/INJURY MUST  
BE REPORTED TO UNIVERSITY POLICE (310-243-3639)**

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### WHAT TO DO WITH THIS FORM –

- If you need assistance in completing this form contact the Office of Risk Management / Environmental Health and Occupational Safety (RM / EHOS) (310) 243-2895
- This form should be completed for every incident, accident, dangerous event near miss, significant first aid treatment, property damage or hazardous activity. *Near Miss* is an incident which could have caused serious injury or extensive damage to property, but did not.
- Send this form to RM/EHOS as soon as possible. Where required, RM/EHOS will assist with the completion of Section C and arrange for follow-up and investigation in conjunction with an applicable supervisor.
- If there has been vehicle damage, links to the required report form can be located at: (page 2 of Motor Vehicle Claims Form)  
[http://www.csudh.edu/admfin/risk\\_management/risk\\_management\\_motor\\_vehicle\\_claims\\_form.pdf](http://www.csudh.edu/admfin/risk_management/risk_management_motor_vehicle_claims_form.pdf)

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**IF INCIDENT ONLY:    You Must Complete Sections A and D**

**IN THE EVENT OF AN INJURY:    PLEASE COMPLETE THE ENTIRE FORM**

**Assistance may be obtained from RM / EHOS to complete Section C (if required)**

RM / EHOS Official Use Only					
Incident No.		Entered By:		Date:	
Name of Injured Person				D O I:	
Classification:	Student	Staff	Faculty		Visitor

**Section A: Details of Incident (circle applicable response(s))**

Injury	Work Related Illness	Non Work Related Illness	Property Damage
Dangerous Event	Electrical Incident	Environmental Incident	Near Miss

**Name of Person Completing Report:**

Name:	First	Last	Phone:
Date of Incident:		Time of Incident:	AM / PM

**Incident Took Place While (Respond / Circle if Applicable)**

At Work	Traveling: To Work / From Work	On Meal Break	Other:
Date Reported:		Reported To:	

**Exact Location – Details:** (Outside Area / Building / Room No. / Description)

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**What Happened?** (What were you doing at the time of the Incident? Briefly describe how it happened.)

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**Were any government agencies called to the Incident?** eg Police, Fire, Paramedics

Please Answer—If answer is YES—give details

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**Witnesses:** (names, contact details, phone number, badge number if applicable)

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2		

**Section B: Details of Injured Person / Injury**

First Name:		Last Name:	
Student / Staff ID		M / F	
Date of Birth:		Telephone:	
Position / Title		School / Element	

**Classification** (Circle applicable response)

Student	Faculty	Staff	Visitor
Contractor Employee	Volunteer	College Resident	Other

**Name of Contracting Company:**

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**Name of Injured Person's Supervisor** – if employed by CSUDH / Contracting Company:

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**Details of Treatment Required:** (Circle applicable response)

None	Self Treated	First Aid
Student Health Center	Doctor – name	Hospital - name

**Nature of Injury:**

Allergy / Sensitivity	Heat / Cold Effects	Overuse Injury
Amputation	Fainting	Poison / toxic
Asphyxiation	Foreign Body	Traumatic Shock
Bruising	Fracture / Dislocation	Distress / Disorder
Burn / Scald	Hearing Loss	Puncture
Communicable Disease	Hernia	Respiratory
Concussion	Internal Injuries	Dermatitis / Eczema
Contusion / Crush	Laceration / Deep Cut	Scrape / Abrasion
Damage to Artificial Aids	Multiple injuries	Sprain / Strain
Electric Shock Effect	Nausea / Vomiting	Vision Problem

**Part of Body Affected:** (Circle applicable response)

Left

Right

Head	Neck	Forearm	Chest	Buttock	Shin / Calf
Face	Shoulder	Wrist	Back	Thigh	Ankle
Ear	Upper Arm	Hand	Stomach	Knee	Foot / Toe
Eye	Elbow	Fingers	Groin	Internal	