

WITNESS REPORT OF ACCIDENT

PART I – WITNESS INFORMATION				
Witness Name <i>(Last, First M.I.)</i>	Home/Cell Phone	Email		
Home Address	Unit/Apt #	City	State	Zip
Status <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Student Worker <input type="checkbox"/> Student <input type="checkbox"/> Volunteer <input type="checkbox"/> Visitor		Best Time to Reach You <input type="checkbox"/> Before <input type="checkbox"/> After _____ <input type="checkbox"/> AM <input type="checkbox"/> PM		
CSUDH EMPLOYEES ONLY				
Job Title	Department		Work Phone	
PART II – INCIDENT INFORMATION				
Name of Injured/Ill Employee			Department	
Date of Incident	Time of Incident _____ <input type="checkbox"/> AM <input type="checkbox"/> PM	Location of Incident <i>(If off campus, list location and address)</i>		
What Was the Employee Doing? <i>(Example, "Using knife to cut lettuce")</i> 				
Describe in Detail What <u>You</u> Witnessed 				
Describe the Part(s) of the Body Affected <i>(Example, "Cut to left index finger")</i> 				
Was Anyone Else <u>Involved</u> in the Incident? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown If Yes, Who?				
Were There Any Other <u>Witnesses</u>? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown If Yes, Who?				
PART III – ACCIDENT PREVENTION				
What Action(s) Can Be Taken to Prevent Similar Incidents/Injuries/Illnesses from Occurring? 				
Certification: <i>I certify that the information provided herein is true and correct to the best of my knowledge.</i>				
Witness Signature			Date	