



STUDENT / VISITOR INJURY ILLNESS REPORT

UPD Case #

PART I – TO BE COMPLETED BY INJURED / ILL STUDENT / VISITOR (IF ABLE)

Name	CSUB ID	Date of Birth	Phone # ()
Address	City	State	Zip
<input type="checkbox"/> Male <input type="checkbox"/> Female	Department/Organization		<input type="checkbox"/> Student <input type="checkbox"/> Visitor
Incident Date	Incident Time	Incident Location	UPD Notified <input type="checkbox"/> Yes <input type="checkbox"/> No

Activity During Accident / Illness

- Attending Class, Lab, etc. Research Field Trip Club or Organization Activity Free Time
- Sports Activity Intramural Sports Activity Intercollegiate Sports Activity Unsupervised PE Class

Specific Sport: _____ Name of Coach / Instructor Present: _____

Medical Treatment Provided? Yes No Returned to Activity? Yes No

PART II – TO BE COMPLETED BY INSTRUCTOR (WITHIN 24 HOURS OF KNOWLEDGE OF INCIDENT)

Date of knowledge of injury / illness:	Class Name:	Instructor Name:	Class Type: <input type="checkbox"/> Lecture <input type="checkbox"/> Field Trip <input type="checkbox"/> Lab <input type="checkbox"/> Sports
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Part of body injured:

- | | | | | |
|--------------------------------|----------------------------------|--|--|---|
| <input type="checkbox"/> Head | <input type="checkbox"/> Trunk | <input type="checkbox"/> Eye <input type="checkbox"/> R <input type="checkbox"/> L | <input type="checkbox"/> Knee <input type="checkbox"/> R <input type="checkbox"/> L | <input type="checkbox"/> Shoulder <input type="checkbox"/> R <input type="checkbox"/> L |
| <input type="checkbox"/> Face | <input type="checkbox"/> Fingers | <input type="checkbox"/> Ear <input type="checkbox"/> R <input type="checkbox"/> L | <input type="checkbox"/> Leg <input type="checkbox"/> R <input type="checkbox"/> L | <input type="checkbox"/> No injury |
| <input type="checkbox"/> Mouth | <input type="checkbox"/> Toes | <input type="checkbox"/> Arm <input type="checkbox"/> R <input type="checkbox"/> L | <input type="checkbox"/> Ankle <input type="checkbox"/> R <input type="checkbox"/> L | <input type="checkbox"/> Other |
| <input type="checkbox"/> Heart | <input type="checkbox"/> Groin | <input type="checkbox"/> Wrist <input type="checkbox"/> R <input type="checkbox"/> L | <input type="checkbox"/> Foot <input type="checkbox"/> R <input type="checkbox"/> L | _____ |
| <input type="checkbox"/> Back | <input type="checkbox"/> Neck | <input type="checkbox"/> Hand <input type="checkbox"/> R <input type="checkbox"/> L | <input type="checkbox"/> Hip <input type="checkbox"/> R <input type="checkbox"/> L | _____ |

Type of injury:

- | | | |
|---|--|--------------|
| <input type="checkbox"/> Reaction to foreign substance / object | <input type="checkbox"/> Fracture | Other: _____ |
| <input type="checkbox"/> Puncture | <input type="checkbox"/> Contusion | _____ |
| <input type="checkbox"/> Laceration | <input type="checkbox"/> Burn | _____ |
| | <input type="checkbox"/> Amputation | |
| | <input type="checkbox"/> Sprain / Strain | |

Describe the injury / illness, including what, where, why and / or how the injury / illness occurred:

Were there any tools, materials, (solid, liquid or gas etc) or equipment in use during the time of the incident?

- Yes No If yes, describe or list here:

Was safety equipment and / or personal protective equipment in use at the time of the incident?

Yes No If yes, describe or list here:

Was safety training provided prior to incident?

Yes No If yes, describe or list here:

What has been done to correct any condition that may have contributed to the injury / illness?

Was a Hold Harmless / Release of Liability waiver signed before the activity / incident?

Yes No If yes, please send with this report to the Office of Safety and Risk Management MS ADM37

PART III – TO BE COMPLETED BY WITNESSES

NAME (Last, First, M.I.)	ADDRESS (Street, City, State, Zip)	TELEPHONE NUMBER

Signatures

Injured / Ill Student or Visitor Name	Signature	Date	Phone Number

PLEASE DISTRIBUTE ORIGINAL TO SAFETY AND RISK MANAGEMENT 37ADM

COPY TO UNIVERSITY POLICE 6PS

COPY RETAINED IN DEPARTMENT