

CNSM OFFICE USE ONLY

INCIDENT NUMBER: _____ - _____
year *number*

DATE RECEIVED BY CNSM SAFETY: _____

Science Safety Office
College of Natural Sciences and Mathematics
www.csulb.edu/cnsm/safety

INCIDENT REPORT FORM

DATE OF INCIDENT: _____ TIME: _____

LOCATION: _____

INCIDENT DESCRIPTION:

DID THIS INCIDENT INVOLVE ANY OF THE FOLLOWING (*check all that apply*):

loss of consciousness	unexplained fall	none of these
loss of awareness	unwitnessed fall	

NAME(S) OF IMPACTED PERSONNEL:
*“(E)” For Employee or “(S)” for student
must follow name(s)*

NAME(S) OF RELEVANT WITNESSES: _____

INDIVIDUAL(S) IN CHARGE OF AREA/OPERATION: _____

RESPONSIBLE DEPARTMENT: _____

DATE FORM INITIATED: _____

INCIDENT FORM INITIATED BY: _____

INVESTIGATION

The section below to be completed by administrative and/or CNSM Science Safety Office personnel ONLY.

INVESTIGATED BY: _____

INVESTIGATION DATE(S): _____

APPARENT CAUSE OF INCIDENT:

APPROPRIATE PPE/ENGINEERING CONTROLS EMPLOYED? YES NO

LIST: _____

CORRECTIVE MEASURES TAKEN:

SENT TO APPROPRIATE ADMINISTRATOR: _____ _____
name *date*