



Pacific University Environmental Health and Safety

Student Accident/Incident Analysis Report “Fact Finding – Not Fault Finding”

STUDENT _____ DATE OF INJURY _____
 LOCATION OF ACCIDENT _____ TIME OF INJURY _____
 ACCIDENT REPORTED TO _____ DATE AND TIME REPORTED _____
 PERSON FILLING OUT THIS FORM _____

Is there any reason to analyze this as a job-related event? Yes No Unknown
 If yes, supervisor must fill out an employee accident/incident form instead of this one.

PART(S) OF BODY AFFECTED

NATURE OF INJURY

HEAD/NECK

LEFT SIDE

RIGHT SIDE

NECK	___	___
EARS	___	___
EYES	___	___
MOUTH	___	___
TEETH	___	___
FACE	___	___

CUT	FOREIGN BODY
SCRAPE	BURN
BRUISE	ELECTRIC SHOCK
SKIN RASH	PAIN
AMPUTATION	JAMMED APPENDAGE
CRUSH	OTHER _____

UPPER EXTREMITIES

LEFT SIDE

RIGHT SIDE

SHOULDER	___	___
UPPPER ARM	___	___
ELBOW	___	___
FOREARM	___	___
WRIST	___	___
HAND/FINGERS	___	___

PROVIDE DETAILS OF WHAT/HOW BODY PARTS INJURED: _____

LOWER EXTRIMITIES

LEFT SIDE

RIGHT SIDE

THIGH	___	___
LOWER LEG	___	___
KNEE	___	___
ANKLE	___	___
FOOT/TOES	___	___

HAVE PART(S) BEEN INJURED PREVIOUSLY? IS THERE ANY PRE-EXISTING CONDITION AFFECTING THIS INJURY? _____

TRUNK

LEFT SIDE

RIGHT SIDE

LOWER BACK	___	___
UPPER BACK	___	___
CHEST	___	___
ABDOMEN	___	___
HIP	___	___
GROIN	___	___

ACTIVITY BEHAVIOR

Moving Materials
 Driving Vehicle
 Horseplay
 Lifting/Carrying
 Pushing/Pulling

EXPLAIN WHAT THE STUDENT WAS DOING JUST PRIOR TO AND AT THE TIME OF THE ACCIDENT. (USE SEQUENCE OF EVENTS – BE SPECIFIC.)

DID ACCIDENT REQUIRE MEDICAL TREATMENT? IF YES, PLEASE EXPLAIN.

DESCRIBE FIRST AID GIVEN. (WHEN AND BY WHOM)

WHAT DOES STUDENT THINK CAN BE DONE TO PREVENT RECURRENCE?

WITNESS(ES) REPORT OF ACCIDENT – BE SPECIFIC (USE OTHER PAPER IF NECESSARY)

WAS INJURY/DISEASE/ACCIDENT CAUSED BY ANOTHER PERSON(S)? INCLUDE NAMES AND ADDRESS(ES)

INJURED STUDENT’S SIGNATURE _____ DATE _____

RETURN THIS FORM TO ENVIRONMENTAL HEALTH AND SAFETY, UC 663