



Student Report of Accident, Injury or Illness

(includes all non-work-related incidents)

STUDENT _____
LOCAL ADDRESS: _____

STUDENT ID # _____
LOCAL PHONE: _____

LOCATION OF ACCIDENT _____
ACCIDENT REPORTED TO _____
ACCIDENT REPORTED _____
C.P.S. NOTIFIED? _____ WHEN? _____

DATE OF INCIDENT/INJURY _____
TIME OF INCIDENT/INJURY _____
TIME REPORTED _____
C.P.S. REPORT NO. (IF KNOWN) _____

Is there any reason to consider this a "work-related" event? YES NO Unknown
If yes, complete "Employee Report of Accident, Injury or Illness form, not this one."

<u>PART(S) OF BODY AFFECTED</u>	<u>NATURE OF INJURY</u>
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<u>HEAD/NECK</u>	<u>LEFT SIDE</u>	<u>RIGHT SIDE</u>
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NECK	---	---
EARS	---	---
EYES	---	---
MOUTH	---	---
TEETH	---	---
FACE	---	---

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

<u>UPPER EXTREMITIES</u>	<u>LEFT SIDE</u>	<u>RIGHT SIDE</u>
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SHOULDER	---	---
UPPPER ARM	---	---
ELBOW	---	---
FOREARM	---	---
WRIST	---	---
HAND/FINGERS	---	---

PROVIDE DETAILS OF WHAT/HOW BODY PARTS INJURED: _____

<u>LOWER EXTRIMITIES</u>	<u>LEFT SIDE</u>	<u>RIGHT SIDE</u>
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THIGH	---	---
LOWER LEG	---	---
KNEE	---	---
ANKLE	---	---
FOOT/TOES	---	---

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

<u>TRUNK</u>	<u>LEFT SIDE</u>	<u>RIGHT SIDE</u>
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LOWER BACK	---	---
UPPER BACK	---	---
CHEST	---	---
ABDOMEN	---	---
HIP	---	---
GROIN	---	---

BEHAVIOR / ACTIVITY

Moving objects / materials
Driving vehicle / bicycle
Sports or Performance
Walking / Running
Horseplay / "Rough Housing"

UNSAFE CONDITIONS

Defective machinery (Save broken Parts and Pieces)
Unsafe Clothing
Faulty Floor or Surface
Poor Housekeeping
Misused Tools / Equipment
Actions of others

EXPLAIN WHAT THE STUDENT WAS DOING JUST PRIOR TO AND AT THE TIME OF THE ACCIDENT.

(USE SEQUENCE OF EVENTS – BE SPECIFIC.)

DESCRIBE FIRST AID GIVEN. (WHEN AND BY WHOM.)

WHAT DOES STUDENT THINK CAN BE DONE TO PREVENT RECURRENCE?

WHO WITNESSED THIS ACCIDENT / INCIDENT?

WITNESS(ES) REPORT OF ACCIDENT (USE OTHER PAPER AS NECESSARY)

CORRECTIVE ACTION NEEDED

Improved Design	Improved Housekeeping	Safety Devices	Personal Protective Equip.
Repair or Replace Equipment	More Direct Supervision	Safety Analysis	Maintain Clean Area
Training/Education	Establish Rules/Procedures	Discipline (Rule Enforcement)	

COMMENTS ON CORRECTIVE ACTION

WAS INJURY/DISEASE/ACCIDENT CAUSED BY ACTS OF OTHERS PERSON(S)? INCLUDE NAME(S) AND ADDRESS(ES)

INJURED STUDENT'S SIGNATURE

DATE

WITNESS(ES) SIGNATURE

DATE

WITNESS(ES) SIGNATURE

DATE

RETURN FORM TO CAMPUS PUBLIC SAFETY (UC BOX – A100)