

CNSM OFFICE USE ONLY
INCIDENT NUMBER: _____ - _____ <span style="margin-left: 100px;"><i>year</i></span> <span style="margin-left: 100px;"><i>number</i></span>
DATE RECEIVED BY CNSM SAFETY: _____

**Safety Office**

College of Natural Sciences and Mathematics

[www.csulb.edu/cnsm/safety](http://www.csulb.edu/cnsm/safety)

## INCIDENT REPORT FORM

DATE OF INCIDENT: \_\_\_\_\_

TIME: \_\_\_\_\_

LOCATION: \_\_\_\_\_

INCIDENT DESCRIPTION:

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 Safety 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*