

WITNESS REPORT OF ACCIDENT

| PART I – WITNESS INFORMATION | | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-----|
| Witness Name <i>(Last, First M.I.)</i> | Home/Cell Phone | Email | | |
| Home Address | Unit/Apt # | City | State | Zip |
| Status <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Student Worker <input type="checkbox"/> Student <input type="checkbox"/> Volunteer <input type="checkbox"/> Visitor | | Best Time to Reach You <input type="checkbox"/> Before <input type="checkbox"/> After _____ <input type="checkbox"/> AM <input type="checkbox"/> PM | | |
| CSUDH EMPLOYEES ONLY | | | | |
| Job Title | Department | | Work Phone | |
| PART II – INCIDENT INFORMATION | | | | |
| Name of Injured/Ill Employee | | | Department | |
| Date of Incident | Time of Incident _____ <input type="checkbox"/> AM <input type="checkbox"/> PM | Location of Incident <i>(If off campus, list location and address)</i> | | |
| What Was the Employee Doing? <i>(Example, "Using knife to cut lettuce")</i> | | | | |
| Describe in Detail What <u>You</u> Witnessed | | | | |
| Describe the Part(s) of the Body Affected <i>(Example, "Cut to left index finger")</i> | | | | |
| Was Anyone Else <u>Involved</u> in the Incident? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown If Yes, Who? | | | | |
| Were There Any Other <u>Witnesses</u>? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown If Yes, Who? | | | | |
| PART III – ACCIDENT PREVENTION | | | | |
| What Action(s) Can Be Taken to Prevent Similar Incidents/Injuries/Illnesses from Occurring? | | | | |
| Certification: <i>I certify that the information provided herein is true and correct to the best of my knowledge.</i> | | | | |
| Witness Signature | | | Date | |