



ENVIRONMENTAL HEALTH & SAFETY

Denver Campus Incident Report

Complete pages 1 and 2, and submit to ehs.compliance@ucdenver.edu

Report initiated by:		Phone:		Date/Time:	
TYPE OF INCIDENT <i>Check all that apply.</i>					
<input type="checkbox"/>	Biological exposure	<input type="checkbox"/>	Chemical exposure	<input type="checkbox"/>	Fire
<input type="checkbox"/>	Flood	<input type="checkbox"/>	Injury/illness	<input type="checkbox"/>	Loss potential
<input type="checkbox"/>	Property damage	<input type="checkbox"/>	Spill	<input type="checkbox"/>	Other:
GENERAL INCIDENT INFORMATION					
Bldg:		Room:		Time:	
If outside, describe location:					
Clinic/hospital treatment required:		<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Emergency services response required:		<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
DETAILED INCIDENT DESCRIPTION					
Hazardous materials involved:		<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Recombinant DNA involved:		<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
PEOPLE INVOLVED IN INCIDENT <i>(injured, witnessed, present, exposed/potentially exposed)</i>					
Name		Phone		Injured <i>If yes, complete next section.</i>	
				<input type="checkbox"/>	Yes
				<input type="checkbox"/>	No
				<input type="checkbox"/>	Yes
				<input type="checkbox"/>	No
				<input type="checkbox"/>	Yes
				<input type="checkbox"/>	No
INJURY FOLLOW-UP					
Name		Medical evaluation recommended by person in charge?		Transported to	
		<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
		<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
		<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

ACTIONS TAKEN AT THE SCENE BY THOSE INVOLVED							
CAUSE ANALYSIS							
Immediate causes – Action and conditions which contributed to this event.							
Substandard Actions				Substandard Conditions			
<input type="checkbox"/>	Operating equipment without authority or supervision	<input type="checkbox"/>	Removing safety devices	<input type="checkbox"/>	Guards or barriers	<input type="checkbox"/>	Poor housekeeping
<input type="checkbox"/>	Failure to warn	<input type="checkbox"/>	Failure to use proper PPE	<input type="checkbox"/>	Protective equipment	<input type="checkbox"/>	Exposure to hazardous materials
<input type="checkbox"/>	Failure to secure	<input type="checkbox"/>	Using defective equipment	<input type="checkbox"/>	Tools, equipment or materials	<input type="checkbox"/>	Extreme temperature exposure
<input type="checkbox"/>	Making safety devices inoperable	<input type="checkbox"/>	Under influence of alcohol/drugs	<input type="checkbox"/>	Congestion	<input type="checkbox"/>	Illumination
		<input type="checkbox"/>	Horseplay	<input type="checkbox"/>	Warning system	<input type="checkbox"/>	Ventilation
				<input type="checkbox"/>	Noise exposure	<input type="checkbox"/>	Visibility
						<input type="checkbox"/>	Fire and explosion hazards
<input type="checkbox"/>	Other (describe):						
Basic causes – Specific personal or job factors that contributed to this event (if applicable).							
Personal Factors				Job Factors			
<input type="checkbox"/>	Capability	<input type="checkbox"/>	Skill	<input type="checkbox"/>	Supervision	<input type="checkbox"/>	Tools/equipment
<input type="checkbox"/>	Knowledge	<input type="checkbox"/>	Stress	<input type="checkbox"/>	Engineering	<input type="checkbox"/>	Work standards
		<input type="checkbox"/>	Motivation	<input type="checkbox"/>	Purchasing	<input type="checkbox"/>	Wear and tear
				<input type="checkbox"/>	Maintenance	<input type="checkbox"/>	Abuse of misuse
<input type="checkbox"/>	Other (describe):						
EHS risk assessment or further training desired:				<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

TO BE COMPLETED BY EHS

ACTION PLAN			
	Action	Responsible Person	Target Date
<input type="checkbox"/>	Leadership and administration		
<input type="checkbox"/>	Management training		
<input type="checkbox"/>	Planned inspections		
<input type="checkbox"/>	Task analysis and procedures		
<input type="checkbox"/>	Task observation		
<input type="checkbox"/>	Emergency preparedness		
<input type="checkbox"/>	Organizational rules		
<input type="checkbox"/>	Accident/incident analysis		
<input type="checkbox"/>	PPE		
<input type="checkbox"/>	Health control		
<input type="checkbox"/>	Program audits		
<input type="checkbox"/>	Engineering controls		
<input type="checkbox"/>	Personal communications		
<input type="checkbox"/>	Group meetings		
<input type="checkbox"/>	Hiring and placement		
<input type="checkbox"/>	Purchasing controls		
<input type="checkbox"/>	Employee training		
<input type="checkbox"/>	Other (<i>describe</i>):		

INVESTIGATORS		
Name	Signature	Date

MANAGEMENT REVIEW			
	Name	Signature	Date
PI/Lab coordinator:			
Comments:			
EHS lead:			
Comments:			
Risk Management:			
Comments:			