Kennesaw State University
Department of Environmental Health & Safety

Student Report of Health and Safety Incident

Instructions: This form should be completed by the student to report a school-related incident involving injury/illness or a near-miss. The form should be completed as soon as possible (48 hrs.) and submitted to the student's instructor/supervisor/ Principal Investigator (PI)/college's safety officer or to Environmental Health and Safety (EHS) department. If the form is submitted to the instructor/supervisor/PI/safety officer, the person who receives the form should sign it and forward it to EHS at ehs@kennesaw.edu.
If you are a student employee (Student Assistant/TA/GA) and the incident occurred while working as student employee, you need to complete the Employee Report of Injury/Illness form instead of this form.

Affected Student (To be completed by each affected student)

First Name		Last Name			
Student ID #		Sex	❑ Male ❑ Female	Age	
Home address:				Tel #	
City		State		Zip Code	
Major		College/Dept.			

Class Year

❑ Freshmen ❑ Sophomore
❑ Junior ❑ Senior
❑ Graduate Student ❑ Other

Student Category

❑ Regular full time ❑ Regular part time
❑ Dual Enrollment ❑ Visiting
❑ Other

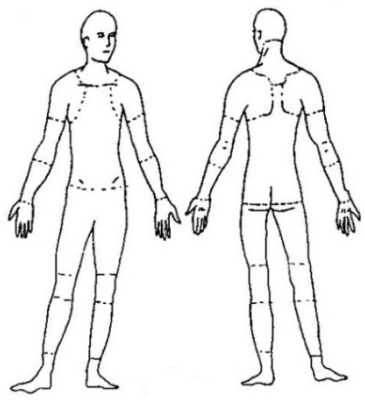
Are you a Student Employee (student assistant/TA/GA)	❑ Yes ❑ No	**If yes, please complete the employee report of injury/illness form, instead of this report.**

Describe the incident

Date of Incident		Time of the incident		Campus	❑ Kennesaw ❑ Marietta
Location of the Incident (Address)		Specific Location of the incident (e.g. classroom, lab, shop, office)			

Did the incident involve property damage?	❑ Yes ❑ No	Was a motor vehicle involved in this incident?	❑ Yes ❑ No
Did the incident result in an injury/illness?	❑ Yes ❑ No	If yes provide details of the injuries below	

Affected body Part:



❑ Head/face
❑ Eye
❑ Neck/shoulder
❑ Arms/elbow
❑ Wrist/Hand
❑ Right Hand
❑ Left Hand
❑ Fingers
❑ Chest/lower trunk
❑ Rib
❑ Hip
❑ Back
❑ Leg/knee
❑ Foot/ankle
❑ Toes
❑ Other _____

Did/Do you require medical attention?	❑ Yes ❑ No ❑ Not sure
Name of your treating physician	
Contact information of your physician	

Type of injury				What object(s) caused the injury?	
❑ Cut	❑ Bruises	❑ Burn (Chemical)	❑ Burn (Thermal)		
❑ Concussion	❑ Sprain/Strain	❑ Fracture	❑ Crashing injury		
❑ Puncture	❑ Back injury	❑ Laceration	❑ Amputation		
❑ Needle stick	❑ Animal bite	❑ Occupational illness	❑ Allergic reaction		
❑ Other _____					

Please describe, step-by-step, how the incident occurred:				
Were you using any type of personal protective equipment (PPE) at the time of the incident	❑ Yes ❑ No	If yes, what PPEs	❑ eye/face protection ❑ hard Hat ❑ respirators ❑ ear plugs/muffs ❑ others _____	❑ gloves ❑ safety shoes ❑ lab coat/coverall/gown ❑ welding helmet
Were you using any type of engineering controls at the type of the incident?	❑ Yes ❑ No	If yes, what controls	❑ fume hood ❑ BSC ❑ safety guards ❑ inter-locks ❑ others _____	❑ glove boxes ❑ other local ventilation ❑ lock-out/Tag-out ❑ fall protection systems
Does the activity/task you were performing have a written standard operating procedure (SOP)				❑ Yes ❑ No ❑ I don't Know
What would your recommend to prevent this accident from recurring:				
Have you reported the incident to your instructor/supervisor at the time of the incident?	❑ Yes ❑ No		Date the incident was reported to instructor/supervisor	
If you did not report to instructor/supervisor, who did you report to?			Date reported	
Names of witnesses, if any. (Witness report must be completed)				

Signatures			
Student's Signature		Date	
Instructor/supervisor/PI's Signature		Date	