

**INCIDENT/ACCIDENT REPORT**  
(Other than Motor Vehicle or Employee/Volunteer Injury)

**Injury/Illness,  
Damage  
on Campus  
or at a  
University Activity**

*This report should be completed and distributed within 48 hours of the incident. Attach any photos, maps, additional pages or diagrams.*

STD. 268 (CP REV. 12-16)

**CONFIDENTIAL--ATTORNEY/CLIENT PRIVILEGED DOCUMENT**

This is a **CONFIDENTIAL** report to provide information for use by legal counsel in the event a claim is filed against the State or its employees. Under no circumstances should information be given to anyone except authorized state officials.

**INJURY TO EMPLOYEE OR REGISTERED VOLUNTEER: CONTACT WORKERS' COMP AT 756-5427**

<b>INCIDENT DATE :</b> _____	<b>POLICE NOTIFIED?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	<b>LOCATION</b> (Describe specific location of the incident. If needed, attach maps and mark location.)	<input type="checkbox"/> CAL POLY STUDENT <input type="checkbox"/> VISITOR
<b>TIME:</b> _____			

**INJURED PARTY INFORMATION**

<b>INJURED PARTY'S NAME</b> (Last, First, M.I.)	<b>BIRTH DATE</b>	<b>TELEPHONE NUMBER</b> ( )
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**DESCRIBE HOW THE INJURY OCCURRED:**

<b>TYPE OF INJURY</b> (check box): <input type="checkbox"/> Reaction to foreign substance/objects <input type="checkbox"/> Puncture <input type="checkbox"/> Laceration <input type="checkbox"/> Contusion <input type="checkbox"/> Burn <input type="checkbox"/> Fracture <input type="checkbox"/> Amputation <input type="checkbox"/> Sprain/Strain <input type="checkbox"/> Other _____	<b>PART OF BODY</b> (check box): <input type="checkbox"/> Head <input type="checkbox"/> Wrist <input type="checkbox"/> Neck <input type="checkbox"/> Face <input type="checkbox"/> Hand <input type="checkbox"/> Shoulder <input type="checkbox"/> Eye <input type="checkbox"/> Finger <input type="checkbox"/> Groin <input type="checkbox"/> Ear <input type="checkbox"/> Knee <input type="checkbox"/> Other : _____ <input type="checkbox"/> Mouth <input type="checkbox"/> Leg <input type="checkbox"/> Heart <input type="checkbox"/> Ankle <input type="checkbox"/> Back <input type="checkbox"/> Foot <input type="checkbox"/> Trunk <input type="checkbox"/> Toe <input type="checkbox"/> Arm <input type="checkbox"/> Hip
<b>PHOTOGRAPHS TAKEN?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, BY WHOM _____	<b>FIRST AID / MEDICAL TREATMENT GIVEN?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, BY WHOM _____

**WITNESS INFORMATION**

<b>NAME</b> (Last, First, M.I.)	<b>TELEPHONE NUMBER</b>
1. _____	( )
2. _____	( )

**DEPARTMENT REPORTING INCIDENT/ACCIDENT**

**CAMPUS OFFICE, DEPARTMENT, PROGRAM NAME:**

<b>EMPLOYEE'S NAME AND TITLE:</b>	<b>TELEPHONE NUMBER</b> ( )
<b>EMPLOYEE'S SIGNATURE</b>	<b>POSITION/TITLE</b>
<b>EMPLOYEE'S SUPERVISOR'S NAME AND TITLE:</b>	<b>TELEPHONE NUMBER</b> ( )

## INCIDENT/ACCIDENT REPORT

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### USE ADDITIONAL SHEETS AS NECESSARY

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**WAS THIS A CLASS, FIELD TRIP, FREETIME, LAB, LECTURE, OTHER?** Please describe in detail.

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**WERE THERE TOOLS, MATERIALS (CHEMICALS, COMPRESSED GAS, ETC), OR EQUIPMENT IN USE DURING THIS TIME?** Please describe in detail.

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**WAS THERE SAFETY EQUIPMENT IN USE?**  YES  NO

If "yes" please specify:

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**WAS SAFETY TRAINING PROVIDED PRIOR TO INCIDENT?**  YES  NO

If "yes" please describe:

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**DESCRIBE ANY CONDITIONS (INSIDE OR OUTSIDE) THAT MAY HAVE CONTRIBUTED TO THE INJURY:**

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**WAS THERE A RELEASE AGREEMENT SIGNED BEFORE THE ACTIVITY?**  YES  NO

If "yes" please send the release with this report to Risk Management Office – Building 1, Room 128

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### PROPERTY DAMAGE/LOSS INFORMATION

**PROPERTY OWNER'S NAME** (Last, First, M.I.)

**TELEPHONE NUMBER**

(       )

CAL POLY STUDENT

FACULTY/STAFF

VISITOR

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**NATURE AND EXTENT OF DAMAGE / LOSS** (Describe in detail):