CalOSHA Serious Injury Report Form

Patient’s Name	
Patient’s Job Title	
Patient’s Home Address	
Patient’s Home Address	
Patient’s Home Phone	
Employer’s name	SFSU
Patient’s Work Address	1600 Holloway Ave
(or other location)	San Francisco CA 94134
Location on-site where injury occurred:	
Time and date of injury	
When was management made aware of injury?	
Who reported injury to management?	
Supervising MPP’s name	
Supervising MPP’s phone	
Name/Job Title of person reporting event	
Phone of person reporting event	

Reason for Reporting (Criteria for Reporting Serious Injuries)

[ ] Death

[ ] Inpatient hospitalization for a period in excess of 24 hours for other than medical observation.

[ ] Inpatient hospitalization for 3 or more people.

[ ] Amputation of a body part

[ ] Serious, Permanent, Disfiguring injury

Location to which injured employee(s) was moved/treated.

List and identity of law enforcement agencies present at the site of accident.

Description of accident / injury