

LHS ACCIDENT / INCIDENT REPORT (use both sides, if necessary)

Date of Incident: _____	Time of Incident: _____ AM <input type="checkbox"/> PM <input type="checkbox"/>
Reported by: _____	Email: _____
Department: _____	Phone: _____

PERSONS INVOLVED

***NOTE:** For an injury to **LHS staff**, LHS Human Resources **must** be notified & the "Employer's First Report" submitted online at <https://uhs.berkeley.edu/faculty-staff/disability-management/how-report-work-related-injury-or-illness> within **ONE** working day of event.

Name of Injured : _____	Date of Birth: _____	
Address: _____		
City: _____	Zip: _____	Name of Parent/Guardian: _____
Status: Visitor <input type="checkbox"/> Camper <input type="checkbox"/> Docent/Volunteer <input type="checkbox"/> Staff <input type="checkbox"/>	Telephone: _____	
School or Group: _____		
Address: _____		City: _____
Person in Charge: _____		Telephone: _____
Witnesses (Names/Phone Nos.): _____		

DESCRIPTION OF INCIDENT (provide as much detail as possible)

Description of Incident: _____	See checklist <input type="checkbox"/>
<i>(part of body affected, property stolen, etc.)</i>	
Cause of Incident: _____	See checklist <input type="checkbox"/>
<i>(activity, environment, weather, use of tools, other people involved, etc.)</i>	
Location of Incident: _____	

ACTION TAKEN

Supervisor notified: _____		
Treatment by staff: _____		
Taken to hospital? YES <input type="checkbox"/> NO <input type="checkbox"/>	By who? _____	Which hospital? _____
UC police called? YES <input type="checkbox"/> NO <input type="checkbox"/>	Time reported: _____	Case No. _____
Name of Officer: _____	Badge No. _____	
Describe property involved with UC ID# (if any): _____		

Submit to Cory Welch at cwelch@berkeley.edu w/n 24 hrs of incident – Including Weekends

Form submitted by: _____	Date: _____
Department: _____	Phone: _____

Email original to **Cory Welch**, for distribution to: Seth Harthun, Reyna Hamilton, Kathryn Thomas, Cameron Froelich, Randy Brittain and Campus Risk Services Rev. Aug 2025

INJURY CHECKLIST – REFER TO OR INCORPORATE IN LHS ACCIDENT / INCIDENT REPORT

Date of Incident: _____ Time of Incident: _____ AM PM

Reported by: _____ Email: _____

Department: _____ Phone: _____

Body part injured (listed alphabetically):

- | | | | | | |
|---------------------------------------|--------------------------------|---------------------------------|-------------------------------------|--------------------------------|--------------------------|
| <input type="checkbox"/> Abdomen | <input type="checkbox"/> Chest | <input type="checkbox"/> Finger | <input type="checkbox"/> Knee | <input type="checkbox"/> Scalp | <input type="checkbox"/> |
| <input type="checkbox"/> Ankle | <input type="checkbox"/> Ear | <input type="checkbox"/> Foot | <input type="checkbox"/> Leg, Lower | <input type="checkbox"/> Thumb | <input type="checkbox"/> |
| <input type="checkbox"/> Arm, Lower | <input type="checkbox"/> Elbow | <input type="checkbox"/> Hand | <input type="checkbox"/> Leg, Upper | <input type="checkbox"/> Tooth | <input type="checkbox"/> |
| <input type="checkbox"/> Arm, Upper | <input type="checkbox"/> Eye | <input type="checkbox"/> Head | <input type="checkbox"/> Mouth | <input type="checkbox"/> Toe | <input type="checkbox"/> |
| <input type="checkbox"/> Back | <input type="checkbox"/> Face | <input type="checkbox"/> Hip | <input type="checkbox"/> Nose | <input type="checkbox"/> Wrist | <input type="checkbox"/> |
| <input type="checkbox"/> Other: _____ | | | | | |

Cause of incident:

- Collision with person Collision with obstacle Hit with object Injury to self
 Fall (height of fall: _____) Animal (type: _____)
 Injured by another (name/relation: _____)
 Other: _____

Activity:

- Animal-handling Carrying Climbing Fighting Jumping Playing
 Rough-housing Running On Exhibit Walking Throwing Assisted mobility
 Other: _____

Location of Incident:

- Auditorium Bathroom Cafe Classroom Exhibit Hallway Parking Stairs
 Outdoors, Plaza Outdoors, Forces Outdoors, Nature Lab
 Other: _____

Physical surfaces:

- Asphalt Carpet Concrete Dirt Grass Gravel
 Mats Rubber Sand Synthetic Water Wood
 Other: _____

Equipment:

- Was equipment involved? Yes No
 If yes, did equipment seem to be used properly? Yes No
 Was there any apparent malfunction of equipment? Yes No
 Description: _____

First Aid given:

- Washed wound Stopped bleeding Applied dressing Parent accepted/declined dressing
 Kept immobile Observed Applied ice Parent accepted/declined ice
 Other: _____

Action taken:

- Parent/family took home Parent/family took to ER Parent/family took to doctor
 Returned to activity Transferred to hospital Called 911
 Timeout (duration: _____) Discussed behavioral rules Sought apology
 Separated from cause of incident (duration: _____)
 Talked to parent of injured (date/time: _____) Talked to parent of injurer (date/time: _____)
 Email/text to parent of injured (date/time: _____) Email/text to parent of injurer (date/time: _____)
 Discussed with supervisor
 Other: _____

FOR PROPERTY LOSS, PLEASE ALSO SUBMIT THE FORM FOUND HERE:

<http://riskservices.berkeley.edu/sites/default/files/PropertyLossReportForm.pdf>