CSUN RT Student Incident Report

_____ Accident _____ Incident _____ Exposure

Student Name _____

CSUN ID _____ Date _____

Sex _____ DOB _____

Home Address _____

Home Phone _____ Cell Phone _____

All students please follow these steps when an incident occurs:
1. Report to the lead tech/ area supervisor immediately.

2. Referred to:
   _____ ER _____ Occupational Health & Safety _____ Personal MD
   _____ Urgent Care _____ CSUN Student Health Center _____ Refused Treatment

3. Report to the Clinical Coordinator of the site, if he/she is not available, contact any CSUN coordinator.

4. Describe the incident, time, and the location :

_____
_____
_____
_____
_____

5. In case of blood borne exposure, patient's lab results are necessary:

   _____ Patient was positive HIV/HB/HC _____ Prophylactic drugs needed
   _____ Patient was negative for HIV/HB/HC _____ Prophylactic not advised
   _____ Student referred to get base line blood test _____ Other

6. Person's involved with the incident:
   Patient's Name _____
   Patient ID # or MR # _____
   Registered Nurse _____
   Radiologic Technologist _____
   Physician or Radiologist _____

   Student's Signature _____

7. Coordinator's Report and outcome/follow up of the incident:

_____
_____
_____
_____
_____