

Appendix E

STATE UNIVERSITY OF NEW YORK REPORT OF ACCIDENT OR INJURY (OTHER THAN A MOTOR VEHICLE ACCIDENT)

To be completed by Safety Supervisor

1. Campus: 28 _____	2. Date and time of accident: Mo. _____ Day _____ Year _____ Time _____	3. Date of report: Mo. _____ Day _____ Year _____	4. File ID: Year _____ No. _____ Sequence _____
5. Did accident involve personal injury: A) Yes B) No		6. Victim status: A) Student C) Patrol Officer E) Patient G) Visitor B) Faculty/Staff D) FSA F) Vendor H) Other (specify _____)	
7. Name of office/department where employee is regularly assigned: _____			
8. Sex: A) Female B) Male		9. Date of birth: Mo. _____ Day _____ Year _____	
11. Marital status: A) Single C) Separated E) Unknown B) Married D) Divorced		12. Social Security Number: _____	
13. Job title and grade: _____		10. Name of victim (PRINT LAST NAME, FIRST, MIDDLE) _____	
14. Employment date: Mo. _____ Day _____ Year _____		15. Was victim in authorized area: A) yes B) No C) Unknown	
16. Reporter of accident: A) Faculty/Staff B) Victim C) Other (specify _____)		17. Name of reporter of accident: (PRINT LAST NAME, FIRST, MIDDLE) _____	
18. General area of occurrence: A) Dorm B) Dining hall E) Gym F) Admin. I) Parking Lot C) Student union G) Maint. Bldg. J) Grounds D) Academic H) Road L) Other _____		Address: _____	
19. Specific area of occurrence: _____ Room: _____		Tel: _____	
20. If physical injury, part of body injured: (ONE ONLY, MOST SERIOUS) A) Abdomen F) Elbow K) Hand P) Lip U) Teeth Z) Other (specify) _____ B) Ankle G) Eye L) Head Q) Neck V) Thigh _____ C) Arm H) Face M) Hip R) Nose W) Toes _____ D) Back I) Finger N) Knee S) Shoulder X) Trunk _____ E) Chest J) Foot O) Leg T) Spine Y) Wrist _____		21. If physical injury, type of injury: (SELECT ONE ONLY) A) Abrasion F) Concussion K) Puncture P) Other (specify) _____ B) Amputation G) Cut L) Swelling _____ C) Bruise H) Dislocation M) Tooth (broken) _____ D) Burn I) Fracture N) Sprain _____ E) Burn (chem.) J) Laceration O) Strain _____	
22. If physical injury, extent: A) Fatal B) Major C) Minor		23. If physical injury, nature: A) Temporary B) Permanent	
24. Accident A) Athletic C) Job related B) Academic D) Other _____		25. Were safeguards provided: A) Yes B) No	
26. Were safeguards in use: A) Yes B) No		27. Are there witnesses: (List in narrative) A) Yes B) No	
28. Medical assistance rendered: A) First aid by staff B) Infirmary C) Hospital D) Ambulance E) Other _____		29. Name and address of physician: _____	
30. Name and address of hospital: _____		31. Has employee returned to work: A) yes B) No If yes, date: Mo. _____ Day _____ Year _____	
32. Employee have restricted duties: A) Yes B) No		33. Supervisor notified: A) Yes B) No Date and time: Mo. _____ Day _____ Year _____ Time _____	
34. Name of Supervisor: _____			

NARRATIVE: (Only give a brief description of who, what, when, where, how, etc.) List witnesses names and addresses.

Report completed by:	Title:	Date:
Safety Supervisor's signature:	Title:	Date: