

## DEPARTMENTAL ACCIDENT REPORT

**NOTE:**The Worker's Compensation Board and OSHA require that a report of any job-related injury or illness involving a College employee be filed with the Board **WITHIN TEN DAYS** after the date of the injury or onset of illness. Please send this report to: **DEPARTMENT OF HUMAN RESOURCES**, retaining sufficient copies for your own files.

1. DATE OF ACCIDENT \_\_\_\_\_ TIME OF DAY \_\_\_\_\_ (AM) \_\_\_\_\_ (PM)
2. NAME OF INJURED EMPLOYEE \_\_\_\_\_ SS# \_\_\_\_\_
3. EMPLOYEE'S HOME ADDRESS \_\_\_\_\_
- 4.(\*). EXACT LOCATION (PLACE) OF ACCIDENT \_\_\_\_\_
5. DID EMPLOYEE LOSE ANY TIME OTHER THAN ON SHIFT WHEN ACCIDENT OCCURRED? \_\_\_\_\_
  - a) IF YES, DATES OF LOST TIME: FROM \_\_\_\_\_ TO (if known) \_\_\_\_\_
  - b) DATE OF EMPLOYEE'S RETURN TO WORK (if known) \_\_\_\_\_
  - c) HAS EMPLOYEE BEEN PAID FOR LOST TIME? \_\_\_ HOW MUCH \_\_\_\_\_
6. DEPARTMENT WHERE EMPLOYED \_\_\_\_\_ SUPERVISOR \_\_\_\_\_
7. DATE DEPARTMENT NOTIFIED OF ACCIDENT \_\_\_\_\_
8. EMPLOYEE'S JOB TITLE \_\_\_\_\_ SALARY \_\_\_\_\_
9. WHICH DAYS IS EMPLOYEE REGULARLY OFF? \_\_\_\_\_  
HOW MANY HOURS PER DAY DOES EMPLOYEE WORK? \_\_\_\_\_  
DAYS PER WEEK? \_\_\_\_\_
- 10.(\*). WHAT WAS THE INJURY? \_\_\_\_\_  
\_\_\_\_\_
- 11.(\*). DID THE EMPLOYEE RECEIVE MEDICAL ATTENTION? \_\_\_\_\_ DATE \_\_\_\_\_  
NAME AND ADDRESS OF DOCTOR OR HOSPITAL WHERE FIRST TREATED  
\_\_\_\_\_
12. WHAT WAS THE EMPLOYEE DOING AT THE TIME OF THE ACCIDENT? \_\_\_\_\_  
\_\_\_\_\_  
WAS THIS AN ASSIGNED DUTY? \_\_\_\_\_
- 13.(\*). DESCRIBE FULLY HOW THE ACCIDENT HAPPENED \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
14. WHAT CAUSED THE ACCIDENT? \_\_\_\_\_  
\_\_\_\_\_
15. HOW CAN THIS ACCIDENT BE PREVENTED FROM RECURRING? \_\_\_\_\_  
\_\_\_\_\_

\* See second page for sample answers and information

16. WHO INVESTIGATED THE ACCIDENT? \_\_\_\_\_  
17. NAME OF SUPERVISOR OR DEPARTMENT HEAD \_\_\_\_\_

SIGNATURE OF ABOVE \_\_\_\_\_ DATE \_\_\_\_\_  
TELEPHONE \_\_\_\_\_ OFFICE ADDRESS \_\_\_\_\_

### **SAMPLE ANSWERS AND INFORMATION**

- QUESTION #4: "Basement of Nugent building, locker room", "Steps in Library".
- QUESTION #10: "Injury to left foot", "injury to back, chest, and right arm", "injury to fourth finger of left hand", "injury to right eye", etc.
- QUESTION #11: Employees should be told or notified that if continuing treatment is necessary, that treatment should be administered by a physician who is licensed by New York State to treat Worker's Compensation cases.
- QUESTION #13: "Employee states that when he was pushing a cart full of trash onto elevator when cart overturned and landed on his left foot". OR "Employee states that she slipped on wet spot on floor of office and fell, injuring her back and right elbow.

Use remaining space for additional comments, if needed.