

# NORTH COUNTRY COMMUNITY COLLEGE

The State University of New York

## ACCIDENT/PERSONAL INJURY REPORT

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Date of Hire: \_\_\_\_\_

Telephone: (home) \_\_\_\_\_ (work) \_\_\_\_\_

Gender: { } male { } female Normal Work Hours: \_\_\_\_\_ Pass Days: \_\_\_\_\_

Job Title: \_\_\_\_\_ Department: \_\_\_\_\_

Date of Injury: \_\_\_\_\_ Time of Day Employee Began Work on Date of Injury: \_\_\_\_\_

Time of Injury: \_\_\_\_\_

Regular Campus Work Location: \_\_\_\_\_

Place of Injury/Illness (be specific): \_\_\_\_\_

Nature and Part(s) of Body Affected (be specific – include left or right side if appropriate): \_\_\_\_\_

Employee Remained on Duty: { } yes { } no Date of Absence: \_\_\_\_\_ Date Returned to Work: \_\_\_\_\_

Employee Required Medical Attention: { } yes { } no If yes, when? \_\_\_\_\_

Type of Treatment: { } first aid only { } emergency room { } doctor visit

Name and Address of Doctor: \_\_\_\_\_

Name and Address of Hospital: \_\_\_\_\_

Was employee hospitalized overnight? { } yes { } no

What was employee doing when injured? (be specific, identify tools, equipment, or material the employee was using) \_\_\_\_\_

How did the accident or exposure occur? (fully describe the events that resulted in the injury or occupational disease. Tell what happened and how it happened.) \_\_\_\_\_

Object or substance that directly injured employee (e.g. "concrete floor", "radial arm saw", "chlorine", in the case of strains – identify the object that caused the strain, lifting, pulling, etc.) \_\_\_\_\_

Were there any witnesses? { } yes { } no If yes, list names and contact information: \_\_\_\_\_

**IF FURTHER EXPLANATION IS NECESSARY FOR ANY OF THE ABOVE QUESTIONS, FEEL FREE TO ATTACH ADDITIONAL SHEETS.**

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date

RETURN COMPLETED FORM TO HUMAN RESOURCES

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