

1. EMPLOYEE NAME _____ BARGAINING UNIT _____
2. EMPLOYEE'S ADDRESS _____
3. SUNY "U" NUMBER _____ HOME TELEPHONE NUMBER _____
4. DATE OF BIRTH _____ SEX Male Female
5. JOB TITLE _____ DEPARTMENT _____
6. SHIFT _____ PASS DAYS _____ Full Time Part Time
7. EMPLOYEE'S WORK LOCATION (Campus Address) _____ CAMPUS PHONE _____
8. HOW LONG EMPLOYED (Date Employee was Hired) _____
9. DATE OF ACCIDENT _____ TIME OF ACCIDENT _____
10. PLACE OF ACCIDENT _____
11. NATURE OF INJURY AND PART(S) OF BODY AFFECTED _____
12. EMPLOYEE REMAINED ON DUTY YES NO
HAS EMPLOYEE RETURNED TO WORK? YES NO IF YES, DATE OF RETURN _____
13. EMPLOYEE REQUIRED MEDICAL ATTENTION? YES NO IF YES, WHEN? _____
- NAME AND ADDRESS OF DOCTOR _____
- NAME AND ADDRESS OF HOSPITAL _____
14. WHAT WAS EMPLOYEE DOING WHEN INJURED? (BE SPECIFIC; identify tools, equipment or material the employee was using)
- _____
15. HOW DID ACCIDENT OR EXPOSURE OCCUR? (Describe fully the events that resulted in injury or occupational disease. Tell what happened and how it happened.)
- _____
16. OBJECT OR SUBSTANCE THAT DIRECTLY INJURED EMPLOYEE (e.g. the machine employee struck against or which struck him/her; the vapor or poison inhaled or swallowed; chemical that irritated his/her skin. In cases of strains, the thing(s) he/she was lifting, pulling, etc.)
- _____
17. SIGNATURE OF EMPLOYEE _____ DATE _____
18. NAMES OF EYEWITNESSES WITH STATEMENT(S) _____
- _____
19. SUPERVISOR'S STATEMENT (Include date Supervisor first knew of injury.) _____
- _____
20. SUPERVISOR'S SIGNATURE _____ DATE _____
21. CAMPUS ADDRESS _____ CAMPUS PHONE _____
22. SUPERVISOR'S HOME PHONE _____
23. SUPERVISOR'S EMAIL _____

Forward completed forms to EHS Email : PolyEHS@sunypoly.edu

- Item 1** Employee's name, as it appears on payroll stub and his/her Negotiating Unit (e.g. OSU).
- Item 2** Employee's current mailing address.
- Item 3** Employee's Social Security number, as it appears on the employee's payroll stub. (NOT NECESSARY)
Employee's current home telephone number.
- Item 4** Employee's date of birth. Indicate employee's sex by checking male or female.
- Item 5** Employee's job title and normal work location.
- Item 6** Employee's normal shift, i.e., days, evenings or nights (specify hours); the days the employee is normally off duty. Indicate whether the employee works full or part-time.
- Item 7** Employee's campus address and phone number.
- Item 8** The date the employee was hired.
- Item 9** The date and time the employee was injured.
- Item 10** The building and floor, unit, or other information to indicate where the accident occurred.
- Item 11** Indicate exactly what the injury is and what body part(s) have been affected (e.g., sprain to right ankle, cut to the left forearm, cuts to knees of both legs).
- Item 12** This item must be checked after determining whether or not the employee was able to remain at the normal work station. If the employee loses work time as a direct result of this injury or illness, please contact supervisor / HR to indicate the expected duration of the absence. If known, please indicate whether or not the injured employee has returned to work and, if the employee has returned to work, indicate their date of return.
- Item 13** Check to determine whether employee required medical attention either immediately after the accident or at some subsequent date. If unknown, check NO. If yes, indicate the name and address of the doctor and/or hospital.
- Item 14** Identify the tools, equipment or material that the employee was using and what he/she was actually doing at the time of the injury/illness. Please be specific.
- Item 15** Fully describe the events that resulted in the injury or exposure. Specifically explain what happened and how it happened. Particular objects, unsafe conditions, or other factors contributing to the illness or injury should be mentioned.
- Item 16** Indicate the machine or tool that caused the injury; the vapor or substance inhaled or swallowed; the chemical that irritated the employee's skin. In cases of strains, the object(s) the employee was lifting, pulling, etc.
- Item 17** Employee's signature and date employee completed the form. If the employee is unable or unavailable to sign, please leave blank.
- Item 18** Names of eyewitnesses who were present and saw the accident occur, with their description of what happened.
- Item 19** The assigned supervisor should describe any condition that may exist or any other relevant information concerning the accident.
- Item 20** Supervisor's signature and date the supervisor completes the report.
- Item 21** Supervisor's campus work location and telephone number.
- Item 22** Supervisor's current home telephone number.
- Item 23** Supervisor's current email address.