SUNY POLYTECHNIC INSTITUTE

EHS-026 F1 R3

OSHA 301 Equivalent Fields

REPORT OF INCIDENT, INJURY, ILLNESS (CS-13)

(OTHER THAN A MOTOR VEHICLE ACCIDENT)

Workplace Violence Report	Y	N	(10) OSHA 301 Case Number from Log (HR):	NYS ARS Number (1-888-800-0029):	Report ID (EHS assigned):	
					Report Date:	

Campus	(11) Date of Incident (injury/illness):	(13) Time of Incident (HH:MM) note AM/PM		Did accident involve personal injury? (Y/N)
2827 - SUNY Poly			<-- Check if unknown	

Victim Information:

(1) Victim Last Name	(1) Victim First Name	(1) Victim MI	(5) Gender:		(3) Date of Birth (m/d/y)
				Female	
				Male	
				Other	ID Number:

Job Title	(4) Date Hired (m/d/y)	(12) Time employee began work (HH:MM) A/P	Bargaining Unit

Victim Status:

A - Student	
B - Faculty / Staff	
C - Patrol Officer	
D - FSA	
E - Patient	
F - Vendor / Contractor	
G - Visitor	
H - Other (specify):	

Name of employer / office / department where victim is regularly assigned or visiting:

Marital Status		(2) Home Address:		Campus Address / Office:		Reporter of Accident		Reporter Last Name	Reporter First Name	MI
	A - Single	# / Street		Office / Room #:		A - Faculty / Staff				
	B - Married	City / State		Building:		B - Victim		17d. Reporter Contact Information:		
	C - Separated	Zip		Phone 1:		C - UP		# / Street / Office	Phone 1	
	D - Divorced	Phone 1		Phone 2:		D - HWC		City / State	Phone 2	
	E - Unknown	Phone 2		Email:		E - Other		Zip	Email	
		Email								

Injury Information:

Was victim in authorized area?		Yes		No
General area of Occurrence		F - Athletic Field / Concession		
A1 - Adirondack Dorm		G - Kunsela		
A2 - Mohawk Dorm		H - Library		
A3 - Oriskany Dorm		I - Facilities Main		
A4 - Hilltop Dorm		J - Facilities - Vehicle		
B - Campus Center		K- Facilities - Generator		
C - Student Center		L - Parking Lot		
D - Donovan		M - Road / Sidewalk		
E - Field House		N - Grounds		

Indicate Specific area of Occurrence (room, area, unit, etc...)

24a. Accident/ Injury Circumstances

A - Athletic	
B - Academic	
C - Job Related	
D - Other	

(16) Location of Bodily Injury (note specifics e.g. Rt / Lt, which finger)

A - Abdomen		J - Foot		S - Shoulder		(16) Details
B - Ankle		K - Hand		T - Spine		
C - Arm		L - Head		U - Teeth		
D - Back		M - Hip		V - Thigh		
E - Chest		N - Knee		W - Toes		
F - Elbow		O - Leg		X - Trunk		
G - Eye		P - Lip		Y - Wrist		
H - Face		Q - Neck		Z - Other - specify -->		
I - Finger		R - Nose				

(18) If Physical Injury, extent:		(6) (8) Medical Assistance provided		(6) Indicate who provided assistance:
A - Fatal (18)		A - 1st Aid by Staff		
B - Major		B - HWC		
C - Minor (at time of incident)		C - Urgent Care		
D - Unknown (at time of incident)		D - Primary Care Physyican		
If Physical Injury, nature:		E - Ambulance		
A - Temporary		**F - Hospital / Emergency Room (8)**		
B - Permanent		G - Other		
C - Unknown		H - None		

(16) If Physical Injury, type of injury

A - Abrasion		G - Cut		L - Swelling		(16) Details
B - Amputation		H - Dislocation		M - Tooth (broken)		
C - Bruise		I - Fracture		N - Sprain		
D - Burn		J - Laceration		O - Strain		
E - Burn (chemical)		K - Puncture		P - Other (specify) -->		
F - Concussion						

(17) Other Injury Related Information - What object or substance directly harmed the employee? Examples: "concrete floor"; "chlorine"; "radial arm saw." In cases of strains, the thing(s) person was lifting, pulling, etc.). If this question does not apply to the incident, leave it blank.

(6/7) Attending Physician Information		(7) Hospital / Urgent Care Information if treatment given off-campus	
Name		**Facility Name**	
Office Name		**# / Street**	
# / Street		**City**	
City / State		**Zio**	
Zip		Phone 1	
Phone 1		Fax	
Fax			
Email		(18) If employee dies, Date of Death (m/d/y):	

Other Information:

(9) Was employee hospitalized overnight/in-patient?		**Yes**		**No**		N/A	Explain	
Were safeguards provided?		Yes		No		N/A	Explain	
Any Witnesses? (contact info in Narrative)		Yes		No	List			
Did Employee leave work after injury?		Yes		No	Date returned to work		Indicate Dates off due to injury:	
Employee has restricted duties (Rx)?		Yes		No	Explain			

Supervisor Information:

Was Supervisor Notified?		Yes		No	Date of Notification:		Time of Notification:		Supervisor's Name:	

(15) SUMMARY OF INCIDENT / NARRATIVE - What Happened? Tell us how the injury occurred. Examples: "When ladder slipped on wet floor, worker fell 20 feet"; "Worker was sprayed with chlorine when gasket broke during replacement"; "Worker developed soreness in wrist over time." Give description of who, what, where, when, how, etc. Describe fully the events that resulted in injury or occupational disease. List witnesses names and addresses. WHAT WAS PERSON DOING WHEN INJURED? (BE SPECIFIC; identify tools, equipment or material the person was using).

Report completed by:	Title	Date:
Safety Supervisor Signature:	Title	Date:

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