

Human Resources, Haggerty 203, (845) 257-3171 Fax: (845) 257-3621

Name \_\_\_\_\_  
Last First Middle Initial

Address \_\_\_\_\_

Phone numbers(s) \_\_\_\_\_

Job title \_\_\_\_\_

Regular work shift Start \_\_\_\_\_ AM PM Finish \_\_\_\_\_ AM PM

Time that employee began work on date of accident \_\_\_\_\_ AM PM

Social Security Number 

X	X	X			
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X	X			
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Date of birth \_\_\_\_\_

Sex  Male  Female

Regular passdays \_\_\_\_\_

Dept. assigned \_\_\_\_\_

Supervisor \_\_\_\_\_

**WORK-RELATED ACCIDENT/INJURY INFORMATION**

Date of accident \_\_\_\_\_ Time of accident \_\_\_\_\_ AM PM

Specific location of accident \_\_\_\_\_ Was employee in authorized area?  Yes  No

Did accident involve personal injury?  Yes  No Part of body injured \_\_\_\_\_

Description of injury \_\_\_\_\_

Did employee miss work beyond date of accident?  Yes  No

Were safeguards provided?  Yes  No Were safeguards in use?  Yes  No

Did employee receive first aid?  Yes  No Did employee receive other medical attention?  Yes  No

Name and address of physician or hospital \_\_\_\_\_

**DETAILS OF ACCIDENT AND LIST OF ANY WITNESSES (WHO/ WHAT/ WHEN / WHERE/ HOW IT HAPPENED)**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**REPORT INFORMATION**

Report completed by \_\_\_\_\_ Reporter's address \_\_\_\_\_

Date report completed \_\_\_\_\_ Reporter's phone number(s) \_\_\_\_\_

Signature of reporter \_\_\_\_\_ Date supervisor notified \_\_\_\_\_

**TO BE COMPLETED BY IMMEDIATE SUPERVISOR (EXPLAIN IN DETAIL / USE EXTRA PAPER IF NEEDED)**

What caused this accident:

\_\_\_\_\_

\_\_\_\_\_

Corrective action taken to prevent future accidents of this kind and target dates:

\_\_\_\_\_

\_\_\_\_\_

Print Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_