



INCIDENT REPORT

Human Resources, Diversity & Inclusion, Haggerty 603, (845) 257-3171 Fax: (845) 257-3621

Name _____
 Last First Middle Initial

X	X	X
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X	X
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Social Security Number

Address _____

Date of birth _____

Phone numbers(s) _____

Sex ☐ Male ☐ Female

Job title _____

Regular passdays _____

Regular work shift Start _____ AM PM Finish _____ AM PM

Dept. assigned _____

Time that employee began work on date of accident _____ AM PM

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 _____