



ON-THE-JOB ACCIDENT AND INJURY REPORT

PART 1: To be completed by the employee (also see Part 3)

Employee's Name (PRINT): _____

Address: _____

Home Telephone: _____

Date of Birth: _____

Title: _____

Bargaining Unit: _____

Time shift began: _____

Pass Days: _____ Line #: _____

Date of Employment: _____

Gender: _____ Male _____ Female

Date of Accident: _____

Time of Accident: _____

Place of Accident: _____

Did employee remain on duty? Yes _____ No _____

NYS ARS Incident Number (see part 3) _____

Was medical care provided? Yes _____ No _____ If yes, give name and address of physician and/or hospital:

Was treatment provided in an emergency room? ____Yes ____No Was employee hospitalized overnight? ____Yes ____No

What was the employee doing just before the incident occurred? Describe the activity, as well as the tools, equipment, or material the employee was using. Be specific. Attach additional page, if necessary.

What happened? Tell how the injury occurred. Attach additional page, if necessary.

What was the injury or illness? Tell what part of the body that was affected and how it was affected; **be more specific than hurt, pain, or sore.** Include right or left to indicate exact location.

What object or substance directly harmed the employee? *Examples: concrete floor, radial arm, saw, chlorine.*

Employee Signature _____ **Date** _____

PART 2: To be completed by supervisor and witnesses

Date and Time Supervisor Notified of Accident: _____

Supervisor Statement: (attach additional page, if necessary) _____

Supervisor Name (PRINT) _____

Signature of Supervisor _____ Date _____

Names, Addresses, and Telephone Numbers of Eyewitnesses:

Statement of Eyewitness (if more than one, please attach additional statements): _____

Signature of Eyewitness _____ Date _____

PART 3:

Information on this report must be forwarded to the Human Resources Office **IMMEDIATELY** following an on-the-job accident or injury. This document is required under NYS PESH Rule Part 801. **Employees also must report any work related accident to the NYS Accident Reporting System, 1-888-800-0029.**

All contact from the State Insurance Fund will be to the employee's home. Therefore, it is very important that the complete address and telephone number, including area code, be provided.

If the injury requires treatment by a physician or hospital, the employee should advise that the accident is work related and that the College's insurance carrier is the State Insurance Fund, 100 Chestnut Street, Suite 1000, Rochester, NY 14604, 585-258-2000.

The Office of University Police must be notified of and investigate all on-the-job accidents and injuries. They shall be responsible for completing and filing the State of New York Report of Accident or Injury (form CS-13).

The injured employee's supervisor is responsible for notifying the Human Resources Office of the exact dates the employee is absent from work due to the accident or injury. Any subsequent lost time also must be immediately reported to the Human Resources Office.