SKIDMORE COLLEGE

Accident Reporting Form for Employees and Student Employees

This form should be faxed to Human Resources at ext. 5805 within 24 hours of accident by the Supervisor

Form Must Be Completed By the Supervisor While Interviewing Employee

Complete and check all that apply

Date of Injury: _____ (mm/dd/yy)	Time of Injury: _____ am pm	Shift Began: _____ am pm	Accident happened while on duty: Yes No
Print Name (Last, First, MI):		Date of Birth: _____ (mm/dd/yy)	Employee ID Number:
Home Address: Street _____ City _____ State _____ Zip _____			Home Telephone Number: Cell Number:
First Full Lost Work Day Due to Injury: _____ (mm/dd/yy)		Regular Work Shift from ____ am pm to ____ am pm	
Medical Care Provided on Day of Accident: Yes No		Regular Days Off:	
Medical Care Provided By:		Date Medical Care Provided: _____ (mm/dd/yy)	

If medical care or lost work time is a result of a previous accident, indicate date of original accident: (mm/dd/yy)

Employee Student Employee	Job Title:
Employee's Date of Hire: (mm/dd/yy)	Job Dept.:
Full-Time Part-Time	

Specifically where did the injury occur (i.e. dining hall kitchen, 1st floor stairwell, walkway in front of Facilities):

Part(s) of body injured (i.e. left arm, back):

Nature of Injury (i.e. sprain, rash, pulled muscle, bruised):

Was the injury caused by a Sharp (needlestick or contaminated sharp object)? ☐ YES ☐ NO If YES, please indicate the specific dev brand.

What were you doing when the accident or exposure happened?

The following is a reminder about your responsibilities should you have an accident while at work.

Your Responsibilities

- Immediately report your injury to your Supervisor no matter how minor the injury.
- Initial medical treatment and for 30 days following a work related injury must be managed through:

  Occupational Medicine
  2388 Route 9
  Malta, NY 12020
  Phone: (518) 886-5412
  Monday – Friday: 8:00 am to

SUPERVISORS' ACCIDENT INVESTIGATION REPORT

(To be completed by the Supervisor)

EMPLOYEE'S INFORMATION (type or print)

INJURED EMPLOYEE'S NAME: