

# SKIDMORE COLLEGE

## Accident Reporting Form for Employees and Students

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): _____		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 Day 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, Starbucks, walkway in front of Facilities):			
Part(s) of body injured (i.e. left arm, back)			
Nature of Injury (i.e. sprain, rash, pulled muscle, etc.):			
Was the injury caused by a Sharp (needlestick or contaminated sharp object)? If YES, please indicate the specific device 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 working.

Your Responsibilities

- x Immediately report your injury to your Supervisor no matter how minor the injury.
- x 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: 8:00am to 5:00pm

Directions from Skidmore College to Occupational Medicine: Take I-87 South to Exit 12. Follow NY-67 East to traffic circle. Take the first exit onto U.S. 9 S. Travel 5 miles and turn right on Knabner Rd into 2388

Professional Office Suites. Take first drive on 6000 S. 14.0 Bd (7,3) 0.9 adto 0,00 To 0.00 Jc 0.00 k.T.w

**SUPERVISORS' ACCIDENT INVESTIGATION REPORT**  
(To be completed by the Supervisor)

EMPLOYEE'S INFORMATION (type or print)

INJURED EMPLOYEE'S NAME:

