

UNIVERSITY AT ALBANY
EMPLOYEE ACCIDENT REPORT

Part 1: Employee Accident and Investigation Report

CAREFULLY FOLOW DIRECTIONS:

1. Employee Name _____ Bargaining Unit _____
2. Employees Address _____
3. Social Security Number _____ Home Telephone _____
4. Date of Birth _____ Sex () male () female
5. Job Title _____ Department _____
6. Shift _____ Pass Days _____ Full time () Part Time ()
7. Employees work location (Campus Address) _____ Campus Phone _____
8. How long employed (date employee as hired) _____
9. Date of Accident _____ Time of Accident _____
10. Place of Accident _____
11. Nature of Injury and part(s) of body affected _____
12. Employee remained on duty? () YES () NO - **CONTACT TIME RECORDS (437-4709) IF EMPLOYEE IS OUT OF WORK DUE TO THIS INJURY.**

Has Employee returned to work? () YES () NO - If Yes, Date of Return _____
13. Employee Required Medical Attention? () YES () NO - If Yes, when? _____
Name and address of Doctor _____
Name and address of Hospital _____
14. What was Employee dong when injured? (BE SPECIFIC, identify the tools, equipment or any material(s) he employee was using)

15. How did Accident or Exposure occur? (Describe events that resulted in the injury or occupational exposure. Tell what happened ad how it happened.)

16. Object or Substance that Directly insured Employee (e.g. the machine employee struck against or which struck him/her, the vapor or substance inhaled or swallowed; chemical that irritated his/her skin. In cases of strains, the things(s) he/she was lifting, pulling etc.)

17. Signature of Employee _____ Date _____
18. Names of Eyewitnesses with Statement(s) _____

19. Supervisor's Statement (Include date supervisor first knew of injury) _____

20. Supervisor's Signature _____ Date _____ Campus Phone _____
21. Campus Address _____ Supervisor's Home Phone _____

PLEASE CALL WORKERS' COMPENSATION AT 1-888-800-0029 TO REPORT THE INCIDENT.

- (1) Send original to Human Resources management, UAB 300
- (2) Send copy to Environmental Health & Safety, Chemistry B73
- (3) Department or Individual filling out report should keep a copy for records.