

Employee Accident Report

Complete the following form carefully and thoroughly:

1. EMPLOYEE NAME _____ BARGAINING UNIT _____

2. EMPLOYEE'S ADDRESS _____

3. SSN (LAST 4 DIGITS) xxx-xx _____ HOME PHONE NUMBER _____

4. DATE OF BIRTH _____ SEX Male Female

5. JOB TITLE _____ DEPARTMENT _____

6. Schedule on date of accident _____ Work Days (ex. Monday-Friday) _____ Full Time Part Time

7. EMPLOYEE'S WORK LOCATION (Campus Address) _____ CAMPUS PHONE _____

8. HOW LONG EMPLOYED (Date Employee was Hired) _____

9. DATE OF ACCIDENT _____ TIME OF ACCIDENT _____

10. PLACE OF ACCIDENT _____

11. NATURE OF INJURY AND PART(S) OF BODY AFFECTED _____
HAS THIS BODY PART BEEN INJURED BEFORE? YES NO IF YES, WHEN? _____

12. EMPLOYEE REMAINED ON DUTY? YES NO **Contact Time Records if out of work: 518-437-4715**

HAS EMPLOYEE RETURNED TO WORK? YES NO* IF YES, DATE OF RETURN _____

*Notify Time Records at 518-437-4715 immediately when employee returns to work. Medical documentation may be required.

13. EMPLOYEE REQUIRED MEDICAL ATTENTION? YES NO* IF YES, WHEN? _____

NAME AND ADDRESS OF DOCTOR _____

NAME AND ADDRESS OF HOSPITAL _____

***If employee later seeks medical attention, contact Time Records at 518-437-4715 and provide medical documentation.**

14. WHAT WAS EMPLOYEE DOING WHEN INJURED? (BE SPECIFIC; identify tools, equipment or material the employee was using)

15. HOW DID ACCIDENT OR EXPOSURE OCCUR? (Describe fully the events that resulted in injury or occupational disease. Tell what happened and how it happened.)

16. OBJECT OR SUBSTANCE THAT DIRECTLY INJURED EMPLOYEE (e.g. the machine employee struck against or which struck him/her; the vapor or poison inhaled or swallowed; chemical that irritated his/her skin. In cases of strains, the thing(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 _____

22. SUPERVISOR'S NAME (PRINT) _____

21. CAMPUS ADDRESS _____ CAMPUS PHONE _____

You MUST call 1-888-800-0029 TO REPORT ALL accidents.

Incident # _____ (provided when you call in)

- Submission Instructions:
- Send original to Human Resources, UAB 300, fax to 518-437-4731, or scan/email to timerecords@albany.edu
 - Send copy to Environmental Health & Safety, Chemistry B72, or scan/email to ehs@albany.edu
 - Dept/Individual retain copy for your records