## PLATTSBURGH STATE UNIVERSITY
### EMPLOYEE ACCIDENT REPORT

<table>
<thead>
<tr>
<th>Employee Name</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>Home Telephone</td>
<td>Work Phone</td>
</tr>
<tr>
<td>Street Address</td>
<td></td>
<td></td>
</tr>
<tr>
<td>City, State, Zip</td>
<td>Work Location</td>
<td></td>
</tr>
<tr>
<td>Job Title</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Accident Date</td>
<td>Time</td>
<td>Location of Accident</td>
</tr>
</tbody>
</table>

What were you doing just before accident/injury occurred?  

How did the accident/injury occur (what were you doing, what tools were you working with, how heavy were you lifting, etc.)?  

Describe your injury (body parts affected; left or right side):  

The object or substance that most likely caused injury:  

List any witnesses:  

Did you require medical attention?  ____ No  ____ Yes  - You MUST provide Human Resources with medical documentation  
Did you remain on duty?  ____ Yes  ____ No  

Signature of Employee  Date Signed  

Supervisor’s Statement:  

______________________________________________________  ___________________________________________  

Supervisor’s Signature  Date & Time Supervisor was notified  

Contact the NYS Accident Reporting System at 1-888-800-0029  
Incident #__________________________  

Fax completed form to Human Resource Services at 564-5060.  
Please call Human Resource Services at 564-5064 if you need further assistance.