Potsdam
STATE UNIVERSITY OF NEW YORK

Report of Accident or Injury (Student / Visitor)

(Other than a motor vehicle accident)

Environmental Health, Safety and Emergency Management

Date and time of accident: ☐ AM ☐ PM		Date of report:	
Did the accident involve personal injury? ☐ Yes ☐ No	Victim status: ☐ Student ☐ Visitor ☐ Vendor ☐ Other (specify: _____)		
Name of victim (Print LAST NAME, FIRST, MIDDLE):			
Sex: ☐ Female ☐ Male	Date of birth:		
Local address:		Telephone:	
Home address:		Cell phone:	
Name of reporter of accident (Print LAST NAME, FIRST, MIDDLE):		Phone:	
General area of occurrence:			
Specific area of occurrence:		Room	

If physical injury, part of body injured (ONE ONLY, MOST SERIOUS):

☐ Abdomen	☐ Elbow	☐ Hand	☐ Lip	☐ Teeth	☐ Other:
☐ Ankle	☐ Eye	☐ Head	☐ Neck	☐ Thigh	_____
☐ Arm	☐ Face	☐ Hip	☐ Nose	☐ Toes	_____
☐ Back	☐ Finger	☐ Knee	☐ Shoulder	☐ Trunk	
☐ Chest	☐ Foot	☐ Leg	☐ Spine	☐ Wrist	

If physical injury, type of injury (SELECT ONE ONLY):

☐ Abrasion	☐ Concussion	☐ Puncture	☐ Other:
☐ Amputation	☐ Gut	☐ Swelling	_____
☐ Bruise	☐ Dislocation	☐ Tooth (broken)	_____
☐ Burn	☐ Fracture	☐ Sprain	
☐ Burn (chemical)	☐ Laceration	☐ Strain	

If physical injury, extent: ☐ Fatal ☐ Major ☐ Minor

If physical injury, nature: ☐ Temporary ☐ Permanent

Accident: ☐ Athletic ☐ Job related ☐ Academic ☐ Other: _____

Were safeguards provided? ☐ Yes ☐ No	List safeguards:	Were safeguards in use? ☐ Yes ☐ No	
Are there witnesses? ☐ Yes ☐ No	Medical assistance rendered: ☐ First aid by staff ☐ Infirmary ☐ Hospital ☐ Ambulance ☐ Other: _____		
List witnesses:			
Name and address of physician:	Name and address of hospital:		
NARRATIVE (Only give a brief description of who, what, when, where, how, etc.):			
Report completed by:	Date:		