



SUNY PLATTSBURGH EMPLOYEE ACCIDENT REPORT

_____ Employee Name		_____ Social Security Number	
_____ Street Address		_____ Home Telephone	_____ Work Phone
_____ City, State, Zip		_____ Work Location	
_____ Job Title		_____ Shift	_____ Pass Days
_____ Accident Date	_____ Time	_____ Location of Accident	

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 # _____