

Cornell Cooperative Extension Association Accident/Injury/Illness Report

To be completed by Employee and Supervisor or delegate within 24 hours of occurrence or as soon as situation is stabilized.

Submit completed report to:

Fax immediately:

607-266-9663

Email:

Lisa@thewoodoffice; Karen@thewoodoffice.com

Mail copy to:

The Wood Office

PO Box 4798

Ithaca, NY 14852

Section A: To be completed by the Association	
Association Name	
Name of Injured	
Supervisor or Program Leader Name	
Date of Incident	
Today's Date	
Association Address	
City, Zip	
Safety Contact Name	
Safety Contact Phone	

Section B: To be completed by Injured Individual (Employee, Volunteer or Participant)	
Name	
Address	
Phone Number	
Role/Title	
Date & Time of Accident/ Injury/ Illness	
Detailed Location of Accident/ Injury/ Illness	
Please describe what happened, in your own words, including indication of any equipment, vehicles or other materials involved	

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Name and Contact Information of those who witnessed the Accident/ Injury/ Illness?	
Describe any, emergency treatment administered at the scene of the Accident/ Injury/ Illness	
Describe any medical treatment following the Accident/ Injury/ Illness	

Section C: To be completed by Association and Employee, Volunteer or Participant together

What caused the Accident/ Injury/ Illness? Why do you think this?	
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Signature of Injured Individual

Signature of Supervisor

Date: _____

Date: _____