The State University of New York System Administration

# Contractor Accident Report

**1** Contractor name

**2** Contractor address

**3** Home telephone | **4** Date of birth | Gender ☐ male ☐ female

**5** Date of employment

**6** Current job title | Bargaining Unit

**7** Shift | Pass Days | ☐ full-time ☐ part-time

**8** Contractor's work location | Office telephone

**9** Date of accident | Time of accident ☐ am ☐ pm

**10** Place of accident

**11** Nature of injury and part(s) of body affected

**12** Contractor remained on duty ☐ yes ☐ no | if no, date of first day of absence

Contractor returned to work ☐ yes ☐ no | if yes, date of return

**13** Contractor required medical attention? ☐ yes ☐ no | if yes, date of medical attention

Name and address of doctor/hospital

**14** What was the Contractor doing when injured? (identify tools, equipment or material that were being used)

**15** How did accident or exposure occur? (describe the events that resulted in injury or occupational exposure. tell what happened and how it happened.)

**16** Object or substance that caused injury (e.g. machine they struck against or which struck them; vapor or substance inhaled or swallowed; chemical irritating skin, etc.) for strains, objects being lifted, pulled, etc.

**17** Names of any eyewitnesses

**18** Person completing report | Signature | Date

**19** Supervisor's statement (include date supervisor first knew of injury)

**20** Supervisor's signature | Date

## Directions for Completing Report

Please print carefully. Attach additional sheets if necessary.

This report is to be completed by Contractor (or supervisor, in absence of injured employee) immediately upon occurrence of an on-the-job accident or an occupational illness. The original copy of this completed report is to be returned to the Office of Plaza Operations, N.

**1.** Contractor's name.

**2.** Contractor's mailing address.

**3.** Contractor's telephone number.

**4.** Contractor's date of birth and gender.

**5.** Contractor's date of hire.

**6.** Contractor's job title and bargaining unit.

**7.** Contractor's normal shift (specify hours) and pass days (days Contractor is off duty). Indicate if Contractor works full-time or part-time.

**8.** Contractor's business address and business phone number.

**9.** Date and time Contractor was injured.

**10.** Building, floor, unit or other information to indicate where accident occurred.

**11.** Indicate exactly what the injury is and what body part(s) were affected (i.e. sprain to right ankle, cut to left forearm, cuts to knees, etc.).

**12.** This item must be checked after determining if Contractor was able to remain at the normal work station. If Contractor loses time as a direct result of this injury or illness, indicate first day of absence. If known, indicate if injured Contractor has returned to work and the date of return.

**13.** Check if Contractor required medical attention either immediately after accident or at a subsequent date. If unknown, check no. If yes, indicate name and address of doctor and/or hospital and date medical attention was received.

**14.** Identify tools, equipment or material Contractor was using and what he/she was actually doing at the time of injury or illness. Be specific.

**15.** Fully describe the events that resulted from the injury or exposure. Specifically explain what happened and how it happened. Mention particular objects, unsafe conditions or other factors that contributed to the injury or illness.

**16.** Indicate machine or tool Contractor struck against or which struck Contractor; vapor or substance inhaled or swallowed; chemical that irritated the skin, etc. For strains, indicate what was being lifted, pulled, etc.

**17.** Names of eyewitnesses.

**18.** Name and signature of person completing report and date signed.

**19.** Supervisor's description of any condition that may exist or other relevant information concerning the accident.

**20.** Supervisor's signature and date signed.