

Details		
Date:	Time: AM or PM	
Location where injury/illness occurred (i.e. bldg., room, etc.):	Date Reported:	
Personal Information		
Name:	Address:	Phone Number:
Type (Please check all boxes that apply)		
<input type="checkbox"/> Chemical Exposure <input type="checkbox"/> Needle stick <input type="checkbox"/> Bloodborne Pathogen Exposure	<input type="checkbox"/> Strain/Sprain <input type="checkbox"/> Fracture <input type="checkbox"/> Laceration/Cut	<input type="checkbox"/> Burn/Scald <input type="checkbox"/> Scratch/Abrasion <input type="checkbox"/> Other (specify):
Incident		
How did the injury/illness happen?		
What caused the injury/illness?		
Was the injury/illness witnessed by anyone? If so, please provide their name and contact information.		
Are the hazardous conditions still present? Yes (describe): No		

If the injury/illness is work related (i.e. paid internship, work study, etc.), describe your typical work functions (routine tasks, daily activities, etc.) and provide supervisor's and/or dean's name and contact information.

Name:

Signature:

Date:

To be completed by Environmental Health and Safety Officer

Follow-up and corrective actions:

Safety Officer:

Signature:

Date:

Submit this form to:

Farmingdale State College
Environmental Health and Safety
Horton Hall
2350 Broadhollow Road
Farmingdale, NY 11735
ph.: (631) 420-2105
fax: (631) 420-9173
ehs@farmingdale.edu