

INCIDENT / INJURY REPORT FORM

ALL ACCIDENTS, REGARDLESS OF EXTENT, SHOULD BE REPORTED PROMPTLY BY FILLING OUT THIS FORM COMPLETELY AND SUBMITTING TO THE SAFETY SPECIALIST.

NOTE: IF INJURED PARTY IS AN EMPLOYEE (Faculty, Staff, Student Employee) THE "NYU Work Related Incident/Injury Form" (found [here](#)) MUST ALSO BE COMPLETED AND SUBMITTED BY THE SUPERVISOR AND HR NOTIFIED.

NAME OF INJURED: _____ NYU ID#: _____

ADDRESS OF INJURED: _____

INJURED PARTY IS: FACULTY STAFF STUDENT GUEST

IF STUDENT, IS STUDENT A STUDENT EMPLOYEE? YES NO WAS STUDENT WORKING AT TIME OF INJURY? YES NO

DATE OF ACCIDENT: _____ TIME OF ACCIDENT: _____

LOCATION OF ACCIDENT: _____

DESCRIPTION OF INJURY :

HOW DID THE INJURY OCCUR (WHAT WAS INJURED DOING; WHAT MACHINES OR MATERIALS OR CHEMICALS WERE INVOLVED)?

WHAT STEPS WERE TAKEN AFTER THE INJURY OCCURRED (FIRST AID, STUDENT HEALTH SERVICES, PUBLIC SAFETY, 911, ETC)?

DID THE INJURED PERSON REFUSE TREATMENT? YES NO

WHO WAS SUPERVISING AT THE TIME OF INJURY? _____

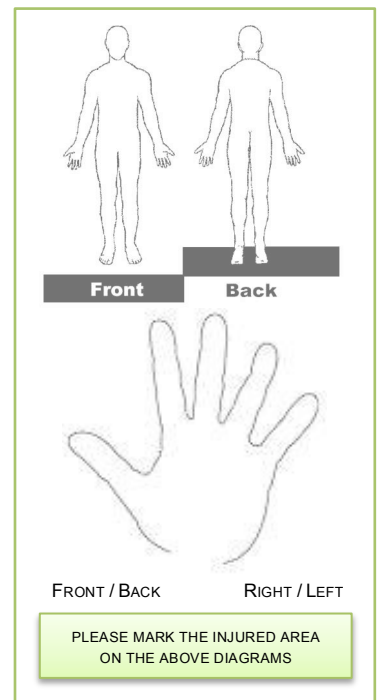
ADDITIONAL COMMENTS:

NAME OF PERSON COMPLETING THIS FORM: _____

EMAIL: _____

SIGNATURE: _____

DATE: _____



Send form to Randy Susevich, Safety Specialist - email: rs188@nyu.edu; fax: 5-3474

For office use only--cc to: Student Affairs Faculty Affairs HR Admin & Finance Other: _____