Colgate University Student Accident / Injury Report

Instructions: Sections A-I should be completed by the person who was involved in the accident / injury. Sections J-L should be completed by his or her supervisor. Please submit completed form to Environmental Health and Safety.

A. Name: ___________________________________________ Sex: ___ DOB: __________
B. Date of Accident / Injury: ______________________ Time: ________ AM PM
C. Local Address: ____________________________ Phone: ______________
D. Permanent Address: ____________________________
E. Instructor or Supervisor: ____________________________
F. Course (if applicable): ____________________________
G. Location where accident / injury occurred (ex. Wynn B10 Fume Hood #2): ______________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
H. Witness: ____________________________________________
    Local Address: ____________________________ Phone: ______________
I. Describe how the accident / injury occurred, including any equipment, materials, or chemicals involved (use back if needed): ____________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
J. Has the individual been referred for medical care?
   □ Student Health Services □ Hamilton Memorial Hospital □ Other □ Refused treatment
K. If student was seen at Student Health Services:
   □ Treated / released □ Treated / sent to hospital □ Treatment not required □ Refused treatment
L. If taken for medical care, how was student transported? ____________________________

Student Signature: ____________________________ Date: ______________
Supervisor Signature: ____________________________ Date: ______________
J. Continued: