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:
4-H Staff Member - 4-H Office
erie4-h@cornell.edu (716)652-5400 ext 131
Sara Jablonski - sej57@cornell.edu
Tammi Kron - tlk6@cornell.edu, Maddie Webb mgw76@cornell.edu

Fax immediately: 607-266-9663
Email: erin@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	CCE of Erie County
Name of Injured	
Supervisor or Program Leader Name	
Date of Incident	
Today's Date	
Association Address	21 South Grove Street
City, Zip	East Aurora, NY 14052
Safety Contact Name	Timothy Bojanowski
Safety Contact Phone	716-652-5400 ext. 178

Section B: To be completed by **Injured** Individual **(Employee, Volunteer or Participant)**	
Name	
Address	
Phone Number	
Role/Title of Injured – check all that apply	☐ Employee Volunteer ☐ Enrolled 4-H Participant ☐ Enrolled 4-H Club Leader ☐ Program Participant ☐ General Public ☐ Other _____
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	

Section B (continued): To be completed by **Injured** Individual **(Employee, Volunteer or Participant)**	
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 Injured** Individual **(Employee, Volunteer or Participant)** together	
What caused the Accident/Injury/ Illness? Why do you think this?	

Signature of Injured Individual

Date: _____

Signature of Supervisor

Date: _____

F.O.R.M. Code 1501
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