## 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: Fax immediately: 607-266-9663

**Section A:** To be completed by the **Association** 

Email: Lisa@thewoodoffice; Karen@thewoodoffice.com

Mail copy to: The Wood Office

PO Box 4798 Ithaca, NY 14852

occupie	ed by the Hoodington
Association Name	
Name of Injured	
Supervisor or Program	
Leader Name	
Date of Incident	
Today's Date	
Association Address	
City, Zip	
Safety Contact Name	
Safety Contact Phone	
	ed by <b>Injured</b> Individual ( <b>Employee, Volunteer or Participant)</b>
Name	
Address	
Phone Number	
Role/Title	
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	
nivorved	

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	
initess	
	ed by Association and Employee, Volunteer or Participant together
What caused the	ed by <b>Association and Employee, Volunteer or Participant</b> together
What caused the Accident/ Injury/	ed by Association and Employee, Volunteer or Participant together
What caused the	ed by <b>Association and Employee, Volunteer or Participant</b> together
What caused the Accident/ Injury/ Illness? Why do you	ed by Association and Employee, Volunteer or Participant together
What caused the Accident/ Injury/ Illness? Why do you	ed by <b>Association and Employee, Volunteer or Participant</b> together
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What caused the Accident/ Injury/ Illness? Why do you think this?	
What caused the Accident/ Injury/ Illness? Why do you think this?	dured Individual Signature of Supervisor