

4-H Accident Reporting for Events

What needs to be reported: Every accident and/or incident regardless of the severity. **If in doubt fill it out (the accident/incident report that is).**

Who to Call: You must notify one of the CCE staff members below. If you get an answering machine please leave a message and call another number. **Do not leave a message on only one phone.**

- Janet: 607-656-5853 (H); 315-694-1452 (C)
- Richard: 607-336-2806 (H)
- Alice: 607-369-4800 (H); 607-226-1289 (C)

CCE Fax Machine: 607-336-6961

When to Call: You must call and fax (see numbers above) report to Chenango County CCE ASAP. CCE must notify our insurance company of any accident/incident within 24 hour.

Form to be completed: Cooperative Extension Accident/Incident Report

Do not tell anyone: Don't worry, CCE has insurance.

4/1/2015

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**
 Email: **Lisa@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	
Name of Injured	
Supervisor or Program Leader Name	
Date of Incident	
Today's Date	
Association Address	
City, Zip	
Safety Contact Name	
Safety Contact Phone	

Section B: To be completed by Injured Individual (Employee, Volunteer or Participant)	
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	

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 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: _____