

WORKERS' COMPENSATION INCIDENT REPORT
ICSD C/O TST BOCES
555 WARREN ROAD
ITHACA, NEW YORK 14850

This form is to be completed by the injured Employee or injured employee's representative/supervisor
WITHIN ONE (1) BUSINESS DAY of incident.

Complete each question; please indicate n/a (Not Applicable) where necessary.

Employee Name: _____ Date on Incident _____

Employee Mailing Address: _____

Phone # _____ SS #: _____ D.O.B. _____ Gender: _____

Position: _____ Department _____

Which days of the week do you usually work? Mon. Tues. Wed. Thurs. Fri. Sat. Sun.

Time work day began: _____ am/pm Time of Incident: _____ am/pm

Location where incident occurred: _____ Witnesses? _____

If yes, list names & addresses of witnesses: _____

What were you doing at the time of the incident? _____

How did the incident occur? _____

Object/substance that injured you? _____

Nature of Injury: (indicate right or left) _____

Did you stop work? _____ Date stopped: _____

If yes, have you returned to work? _____ Date returned: _____

Did you seek Medical Treatment? _____ If yes, When? _____

Name and address of person/facility providing treatment _____

Were you treated in ER? _____ Were you hospitalized overnight? _____

Date of this report: _____ Date Supervisor was notified: _____

Was there a delay between the time of the incident and the time of this report? _____

If yes, explain why: _____

Are there any extenuating circumstances that you believe are related to this incident? _____

If yes, explain: _____

ALL EMPLOYERS ARE REQUIRED TO MAINTAIN A LOG OF WORK RELATED INJURIES

Check this box if you independently and voluntarily request that your name NOT be entered on the NYS DOL Log of Work Related Injuries and Illnesses. If checked, your injury will be treated as a privacy concern case. (See below).

The employer must consider the following injuries/illnesses to be privacy concern cases: 1) an injury/illness to an intimate body part of the reproductive system; 2) an injury/illness resulting from a sexual assault; 3) mental illnesses; 4) HIV infection, hepatitis, or tuberculosis; 5) needle stick injuries and cuts from sharp objects that are contaminated with another person's blood or other potentially infectious material; 6) other illnesses, if the employee independently and voluntarily requests that his or her name not be entered on the log. Effective January 1, 2004 Musculoskeletal disorders (MSD's) are not considered privacy concern cases.

This is a complete list of all injuries/illnesses considered privacy concern cases. No other types of injuries/illnesses may be classified as privacy concern cases.

Contact Kathleen Kueffer at TST Boces, kkueffer@tstboces.org, 257 – 1555 x 311 with any questions.

Any person who knowingly and with intent to defraud presents, causes to be presented, or prepares with knowledge or belief that it will be presented to, or by an insurer, or self-insurer, any information containing any false material statement or conceals any material fact shall be guilty of a crime and substantial fines and imprisonment.

Employee signature _____ Date: _____

Employee name (print) _____

Supervisor signature _____ Date: _____

Supervisor name (print) _____