Workplace Employee Injury/Illness Report Form

Tompkins County Department of Human Resources
125 East Court St, Ithaca, NY 14850
607-274-5526

EMPLOYEE INFORMATION:

Today's Date		Employee ID #	
Employee First Name		Employee Last Name	
Phone Number		Date of Birth	
Gender			
Street Address			
City, State		Zip	
Job Title		Date of Hire	

INCIDENT INFORMATION:

Time my workday begins		Whom did you report the Incident/Accident to?	
Date you reported it		Time you reported it	
Did you receive an injury envelope	☐Yes ☐No	If no, why?	

CLAIM INFORMATION:

Date of Incident/Accident		Time of Incident/Accident	
Employment Status	☐Full Time ☐Part Time	Workdays Scheduled	☐Sunday ☐Monday ☐Tuesday ☐Wednesday ☐Thursday ☐Friday ☐Saturday

EMPLOYEE INJURY:

Initial Treatment	☐No Medical Treatment ☐Emergency Evaluation ☐Minor On-site Treatment by Employer ☐Hospitalization Greater than 24 hours ☐Minor Clinic/Hospital Treatment ☐Future Major Medical/Lost Time Anticipated	Did Employee return to work?	☐Yes ☐No
Name of person providing treatment on-site		Did you seek medical treatment elsewhere?	☐Yes ☐No

****IMPORTANT****
ALL MEDICAL CORRESPONDENCE MUST BE SUBMITTED STRAIGHTAWAY TO:
HR DEPT, 125 EAST COURT ST, ITHACA, NY 14850

Have you had a previous work-related injury to the same body part:	☐Yes ☐No	Nature of Injury: *i.e. laceration, burn, fracture, strain etc*	
Parts of Body *i.e. left arm, right foot, head, multiple*		Cause of Injury *i.e. motor vehicle, machine, strain, injury by lifting etc*	

Incident/Accident Description:	
Were officials called to the scene?	☐Yes ☐No
If yes, which officials?	☐Sheriff ☐Ithaca Police ☐State Police ☐Fire Department ☐Ambulance ☐Other (please specify):

LOCATION:

Location where incident occurred?	
Is this your normal work location?	☐Yes ☐No

WITNESS INFORMATION:

Witness(es) Name:		Witness(es) Number:	
Was there a delay between the time of incident/accident and the time of this report	☐Yes ☐No	If yes, explain why	

Please forward any documentation along with this form to:

Tompkins County Human Resources Department
125 East Court Street
Ithaca, NY 14850

The following illnesses will be treated as privacy cases on the OSHA/PESH logs:

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 pote ntially infectious material;**

Check the box below if you, the employee, have experienced a recordable illness AND you independently and voluntarily request that your name NOT be entered on the DOSH form SH-900 log

I wish for my name to NOT be entered: ☐ Yes

Employee Signature **Date**