

Student Accident/Injury Report

Name	Stony Brook University ID	
Address	City/State	Zip
Home Telephone	Cell Telephone	
Date of Birth	Gender: __ Female __ Male	
Date of Accident	Time of Accident __AM __ PM	
Accident (<i>be specific</i>) Bldg: Department:	Lab Room # PI/Supervisor:	
Type of Injury/Illness (e.g., cut, sprain, chem. splash)	Body Part Injured	
Medical Attention Required: <input type="checkbox"/> YES <input type="checkbox"/> NO	Seen By: <input type="checkbox"/> Private MD <input type="checkbox"/> Hospital ED	
Medical Treatment Rec'd:	<input type="checkbox"/> Student Health Services	
	<input type="checkbox"/> Other:	
Provider Name	Address	
Describe the accident (how did it occur, what was the result, etc.):		
Student Signature	Date	
Eyewitness Statement:		
Eyewitness Name (print)	Eyewitness Signature	Date
Supervisor or PI Statement:		
What do you think can be done to prevent this from reoccurring?		
Was Parent/Guardian Called: <input type="checkbox"/> Yes – spoke with person - Name:		
<input type="checkbox"/> Left Message - Date: Time: <input type="checkbox"/> No. Was not able to reach anyone.		

Supervisor/PI Name (print)	Supervisor/PI Signature	Date
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Use the back of this form or additional pages if more space is needed

This Form Must Be Completed And Sent To Eh&S Within 3 Days Of The Accident/Injury

Send copy of form to Environmental Health & Safety FAX: 632-9683 or Zip=6200

Keep A Copy Of This Form In The Laboratory Files

EHSD0333 (12/12) www.stonybrook.edu/ehs