FASHION INSTITUTE OF TECHNOLOGY – OFFICE OF HUMAN RESOURCES
236W27 ST, 11TH FL, NYC 10001-5992 Phone: 212-217-3650 Fax: 212-217-3651

EMPLOYEE'S INJURY/ILLNESS REPORT FORM

Complete, sign, and return this form to Human Resources within 24 hours of injury/illness.

Part 1 – Personal Information

Employee's Name_____ Social Security Number_____

Home Address_____ Date of Birth_____

_____ Gender ☐Male ☐Female

_____ Phone_____

Part 2 – Employment Information

Job Title_____ ☐Part-time ☐Full-time

Department _____ Department Phone_____

Work Schedule (i.e. M-F, 9am-5pm) _____

Part 3 – Incident Details

Incident Day & Date_____ Incident Time_____ ☐am ☐pm Reported to Security?_____

Location/Address (Bldg, Rm, Off-site location) _____

Time you reported to work on day of incident _____

Dates of absence, if any, due to this incident _____

Nature of Incident

☐Abrasion	☐Fracture
☐Bite	☐Laceration
☐Bruise	☐Skin Condition
☐Burn	☐Strain/sprain
☐Cut	☐Respiratory
☐Dislocation	☐Puncture

Other_____

Location of Bodily Injury

☐Abdomen	☐Ear	☐Finger*	☐Head	☐Nose
☐Ankle	☐Elbow	☐Foot	☐Knee	☐Shoulder
☐Back	☐Eye	☐Forearm	☐Leg	☐Teeth
☐Chest	☐Face	☐Hand	☐Mouth	☐Wrist

☐Right Side ☐Left Side

Other_____

*Identify which finger_____

What were you doing when injured? (Be specific)_____

_____

How did the injury occur?_____

_____

What object or substance directly harmed you? (i.e. concrete floor, chlorine, staple gun)_____

_____

Action taken to prevent incident reoccurrence_____

_____

Names of witnesses & contact info_____

_____

Medical Treatment Provided: ☐First Aid by Staff ☐FIT Health Services ☐Taken to Hospital
☐Refused Medical Aid ☐Self-referred to private physician or healthcare facility

Name, address and phone of physician or hospital_____

_____

Part 4 – Certification *Employee's signature is required. The supervisor/administrator attests only that the facts are accurate to the best of his/her knowledge or as presented to him/her.*

Employee Signature_____ Date_____

Supervisor/Administrator Signature_____ Date_____

cc: Director of Environmental Health & Safety Compliance 020410