

COOPERATIVE EXTENSION ACCIDENT/INCIDENT REPORT

(Use this form to report accidents/incidents involving employees, volunteers, 4-H'ers or the general public.)

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****See page 2 for information about how to handle accidents/incidents in the Wayne County 4-H program!**

This form must be completed whenever there is an accident or incident. Complete this report within 24 hours of the accident/incident. The original should be kept in the association's files and copies sent to Extension Administration Financial, Human & Administrative Resources and to: **THE WOOD OFFICE, P.O. Box 4798, Ithaca, NY 14852 607-266-3303 FAX COPY IMMEDIATELY TO: 607-266-9663**

For employee accident/incidents, complete a C-2 and mail it to The Wood Office even if there is no lost time from work or medical expenses at the time.

*For accidents/incidents involving a 4-H'er in which s/he received medical attention, complete a 4-H Accident Insurance Form. The 4-H program/issue leader or executive director should make a **telephone** report within 24 hours of an accident to The Wood Office (607-266-3303). This must be done even if the injured individual has personal medical insurance. The Wood Office's answering service is in operation 24 hours a day, 7 days a week.*

1. Extension Information

County _____ Phone _____
Address _____ Person to contact _____
City _____ State _____ Zip _____

2. Injured Person Information

____ Employee ____ Volunteer ____ 4-H'er ____ General public (check appropriate)
Name _____ Age _____
____ Address _____ City, State, Zip _____
Parent/Guardian's Name _____ Phone _____

3. The Accident

Date _____ Time _____
Describe the accident. Include the location of the accident _____

Nature of injuries _____

4. Treatment

Emergency steps taken at scene in order of occurrence or treatment:

1. _____
2. _____
3. _____
4. _____

5. _____

5. VERY IMPORTANT

Witness Information: Names, addresses, phone numbers of all witnesses

1. _____
2. _____
3. _____
4. _____
5. _____

If more space is need please writer below or attach additional sheet(s).

Signatures:

Signature of injured person: _____ Date: _____

Name of person filing report: _____ Phone: _____

Address: _____

Signature: _____ Date: _____

F.O.R.M. CODE 1501 2004

Wayne County 4-H procedure:

This report needs to be completed IMMEDIATELY for all accidents/incidents at 4-H events. Witnesses need to be identified and details documented. This form then needs to be returned to the 4-H office by email or fax within 24 hours.

If an individual is taken to the hospital as a result of an accident or incident, IMMEDIATELY email Beth Claypoole at eac9@cornell.edu and Jessica Spence at jls233@cornell.edu with the subject line: URGENT 4-H and details of the incident in the body of the email. If no one was taken to the hospital, please report the incident to Beth and Jessica by email within 24 hours.