



The Cooper Union  
for the Advancement  
of Science and Art  
30 Cooper Square  
New York, NY 10003

# EMPLOYEE INJURY REPORT

All injuries no matter how minor, must be reported immediately to your supervisor.

**In the event of an injury/illness serious enough to call 911,** use the following protocol in the order listed:

1. Immediately call 911 or 9-911 (from a Cooper phone) and/or administer first aid.
2. Tend to the injured/ill individual until trained medical personnel arrive on the scene.
3. Call Carmelo Pizzuto (718.483.5639) or Alan Wolf (917.710.0080). Try both numbers if necessary to reach a person live; leave a detailed message if you can't reach either one.
4. Fill out this form and leave it at a guard's desk. If possible, also fax a copy to 212.353.4011.

All injuries must be investigated within 24 hours or as soon as practical thereafter.

## INJURY/ ILLNESS

Return this form  
to a guard and  
if possible, also fax  
to 212.353.4011

Date of accident/injury \_\_\_\_\_ Time \_\_\_\_\_ Date & time this form was filled out \_\_\_\_\_

Specific location of accident/injury \_\_\_\_\_

Name of injured (First) \_\_\_\_\_ (Last) \_\_\_\_\_

Faculty  Staff

Name of witness (First) \_\_\_\_\_ (Last) \_\_\_\_\_

Student: Art/Arch/Eng  Faculty  Staff  Visitor

Contact info for injured (cell phone preferred) \_\_\_\_\_

Contact info for witness (cell phone preferred) \_\_\_\_\_

Describe the accident/injury (Be specific, i.e. deep cut on left forearm) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Which security guard was contacted? \_\_\_\_\_

Signature of person filing report \_\_\_\_\_