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 Thomas Tresselt, Director of Security (646.529.4821) or Ruben Savizky (347.268.2537). 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 with security. If possible, also fax a copy to 212.353.4011.

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



INJURY/ **ILLNESS**

Non-emergency Injury/Illness:

 Please email this form to:

healthandsafety @cooper.edu or fax it to 212 353-4011.

Date of accident/injury	Time	Date & time this form was filled out	
Specific location of accident/in	ijury		
Name of injured (First)	(Last)		
	/Arch/Eng Faculty Staff Visitor		
Name of witness (First)	(Last)		
☐ Student: Art/	/Arch/Eng 🗌 Faculty 🗌 Staff 🗌 Visitor		
Contact info for injured (cell ph	none preferred)		
Contact info for witness (cell ph	hone preferred)		
Describe the accident/injury (B	Be specific, i.e. deep cut on left forearm)		
			(continue on reverse
Which security guard was conta	acted?		
Signature of person filing repor	t		

THEFT/ **INCIDENT**

- Please email this form to: healthandsafety@co oper.edu or fax it to 212 353-4011.
- File a report with the Ninth Precinct 321 E 5th Street 212.477.7811

Date of incident	Time	Date & time this form was filled out	
Name of victim (First)	(Last)		
☐ Student: Art/Arch	/Eng ☐ Faculty ☐ Staff ☐ Visitor		
Cell phone		Email	
Describe incident/Items stolen (include value)		
Was this reported to the police?	☐ Yes ☐ No		
Were any items recovered at a la	iter time? If so, where and when	were they found and is anything still missing?	
			(continue on reverse)
Was there any suspicious charac	cters around when the theft occu	ırred? If so, please describe.	
			(continue on reverse)
Signature			

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INCIDENT REPORT

Description continued				