



Sullivan County BOCES Non-Employee/Visitor Incident Report Form

This form must be filed with Sullivan County BOCES Health and Safety Office within 72 hours of incident. See reverse side for instructions on how to complete. Information should be treated as confidential. For additional information, contact Health and Safety Office at (845) 295-4028.

VISITOR INFORMATION

Name: _____ Daytime phone: _____
Address: _____ Evening phone: _____
City, State, Zip Code: _____ Cellular phone: _____
Purpose of Visit: _____ (seminar, event, etc)
Event Contact Person: _____ Daytime phone: _____

INCIDENT INFORMATION

Date of Incident: _____ Time of Incident: _____ a.m. p.m. Date of Report: _____

Incident Location: _____

Describe the Incident: _____

Describe the Injury: _____

Describe any Property Loss: _____

If motor vehicle involved, please provide a copy of the MV-104 or police report, if none, provide the following:

Vehicle Make/Model: _____ State/License Plate Number _____

MEDICAL/TRANSPORTATION INFORMATION

None Provided: _____ Transported by Ambulance: _____
Taken to Hospital: _____ Driven by friend/individual: _____
Name of Hospital: _____ Treating Physician: _____
Treatment Refused: _____ yes _____ no

WITNESS INFORMATION (Please attach Witness Statements on separate sheets of paper)

Name/Address: _____ Daytime phone: _____
Name/Address: _____ Daytime phone: _____
Name/Address: _____ Daytime phone: _____

ADDITIONAL COMMENTS

Completed by: _____ Date: _____

Received by: _____ Date: _____

H&S Office Review: _____ Date _____

(See Reverse for Instructions)

INSTRUCTIONS

This form is to be completed by any individual who has an injury, illness, or other incident as a result of being on Sullivan County BOCES property or in the performance of a function sanctioned by Sullivan County BOCES. This form should be completed as soon as possible, but no later than 72 hours, after the incident.

After completion, give to the BOCES staff member you were visiting or send it to:

Sullivan County BOCES Health and Safety Office, 6 Wierk Avenue, Liberty, NY, 12754.

If mailed, please put "Personal and Confidential" in lower left hand corner of envelope.

Specific instructions on completion of form:

VISITOR INFORMATION – This is information relating to the person involved in the incident. Please complete as neatly and accurately as possible.

Name: First, MI, and Last Name

Address: Street address

C/T/V, State, Zip Code: City/Town/Village, State and Zip Code

Daytime Phone: Please include area code

Evening Phone: Please include area code

Cell Phone: Please include area code

Purpose of Visit: Brief explanation of why you were at Sullivan County BOCES or function

BOCES Contact Name and Number: Name and phone number of person in charge of event

INCIDENT INFORMATION – This is information relating to the actual incident.

Date of Incident – Please use MM/DD/YY format.

Time: Be as precise as possible and indicate AM or PM.

Date of Report: Date report was filled out. Please use MM/DD/YY format.

Incident Location: Be as detailed as possible. Include building name/number and room/area.

Describe the Incident: Be as detailed as possible. Include what you were doing before the incident, what specifically happened, and if any other people/equipment were involved.

Describe the Injury: Please identify the specific body part injured.

Describe any Property Loss: For incidents not involving injuries, please give a description of any damage done to your personal property.

If a motor vehicle was directly involved, please indicate information for all motor vehicles. If possible, provide a copy of the MV-104 or police report.

Medical/Transportation: Please answer as much as possible. If medical treatment refused, please mark box. If transported by another individual, please indicate their name.

Witness(es): Please provide name and phone number for any witnesses and attach a statement from each witness on a separate sheet of paper.

Additional Comments: Any additional comments you would like to provide.

Completed by: Name of person completing the form.

Received by: Name of Sullivan County BOCES employee who first received the form. Form should be sent to the Health and Safety Office via inter-office mail, marked CONFIDENTIAL.

Note: This form is used solely as documentation that an incident occurred. It does not indicate that Sullivan County BOCES is responsible in any way.