For all staff, faculty, students, and visitors carrying out work in laboratories, workplaces, classrooms and fields at SUNY-Ulster Stone Ridge, NY and the Business Resource Center, Kingston, NY.

1. **Aim**
   This SOP is to ensure that all staff, faculty and students know the protocol for reporting workplace incidents (namely: accidents, near misses, occupational diseases and dangerous occurrences), and carry out appropriate investigations to reduce any potential workplace risks.

2. **Introduction**
   Workplace safety improves through reporting of workplace incidents. Investigation further reveals the necessary safety measures to be implemented to prevent similar events from happening again. This is in support of SUNY’s Procedure Title: Reporting Accidents; Document Number: 6607; Effective Date: March 01, 2007; this procedure item applies to: State-Operated Campuses.

3. **Scope**
   This SOP covers all workplaces and is applicable to all staff, faculty, students and visitors. It does not include motor vehicle accidents or injuries sustained from workplace violence.

4. **Definitions**
   4.1 **Dangerous occurrence** is an incident which does not involve the death or injury of any person at work. Examples are, but not limited to:
   4.1.1 Bursting of equipment part moved by mechanical power
   4.1.2 Collapse or failure of lifting equipment
   4.1.3 Explosion of any form
   4.1.4 Uncontrolled fire of any form or size
   4.1.5 Spill or any unintentional release of hazardous material
   4.1.6 Damage to property
   4.2 **Accident** is a workplace incident that resulted in the injury or death of any person.
   4.3 **Occupational disease** is a disease or condition caused by actions or exposures at the workplace. Examples: repetitive strain disorder, mesothelioma, noise induced deafness, or occupational asthma.

5. **Incident Reporting Procedures**
   Incidents are to be reported and investigated by using the procedure below:

   **5.1 Investigating and reporting an accident**

<table>
<thead>
<tr>
<th>Scenario</th>
<th>When an accident occurs (No Fire)</th>
<th>Further actions</th>
</tr>
</thead>
<tbody>
<tr>
<td>No injury or minor injury which does not require medical attention</td>
<td>Inform security desk at 5023 (non-emergency #)</td>
<td>Security rep to complete incident report.</td>
</tr>
<tr>
<td>Serious injury which requires medical attention</td>
<td>Call security emergency line 5221. Security will decide on calling in Health Services, transporting the affected person after hours, or calling for an ambulance</td>
<td>Security to start incident report form, make copy and send to health services for completion.</td>
</tr>
<tr>
<td>Injured person is unconscious</td>
<td>Call security emergency line 5221. DO NOT ENTER A DANGEROUS</td>
<td>Security to start incident report, copy and send to health services and chemical safety if necessary.</td>
</tr>
</tbody>
</table>
ATMOSPHERE!! necessary.

| Death or 2 or more employees hospitalized from the incident | Call security emergency 5221 | Security to start Incident report, copy and send to human resources and health services. Notify the Chemical safety coordinator if applicable. |

*When an accident results in the loss of one or more full work shifts or days of class time, it is considered a lost-time or disabling injury and should be reported as a major injury.

5.2 Reporting a Dangerous Occurrence

<table>
<thead>
<tr>
<th>Scenario</th>
<th>What to do</th>
<th>Further actions</th>
</tr>
</thead>
<tbody>
<tr>
<td>During business hours 8am-5pm</td>
<td>Call security emergency 5221</td>
<td>Security to inform any and all applicable parties. Start the incident report.</td>
</tr>
<tr>
<td>After hours 5pm-8am</td>
<td>Call security emergency 5221</td>
<td>Security is the only emergency staff after 5pm weekdays and all hours on weekends. Start the incident report form.</td>
</tr>
</tbody>
</table>

5.3 Reporting an occupational disease

<table>
<thead>
<tr>
<th>Scenario</th>
<th>What to do</th>
<th>Further actions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Whether the injured is given medical leave time or otherwise</td>
<td>Injured to notify supervisor and security immediately</td>
<td>Incident report form started by Security, copy and send to supervisor and health services</td>
</tr>
</tbody>
</table>

6. **Documentation**

All incidents reporting and investigation must be documented, filed and made available to management and supervisors to re-conduct risk assessment and training if necessary. A report should be initiated by any employee of the college who experiences an accident or near miss and forwarded to the security office for further action and notifications.

7. **Incident Report and investigation form**

All incidents to be reported should use the attached form
#Report of accident or injury

1. Date and time of incident mm/dd/yy ____________ _____:_______am/pm
2. Date of report mm/dd/yy___________
3. Did accident involve personal injury? Yes_____ No____
4. Victim status: student_____ faculty/staff_____ Patrol officer_____ FSA_____ vendor_____ visitor______ other__________________________
5. Name of office or department where employee is regularly assigned______________________________________________________________
9. Marital status: single__married__separated__divorced__unknown__
10. Job title and grade__________________________________________________________________
11. Employment date mm/dd/yyyy____________
12. Was victim in authorized area? Yes___ No____
13. Name of victim (PRINT LAST NAME, FIRST, MI)___________________________________________
14. Home address:_____________________________________________________________________
                 ________________________________________________________________
                 Telephone_________________________________________________________
15. Name of reporter of incident(PRINT- LAST, FIRST, MI)__________________________________
16. Reporters address____________________________________________________________________
                 ________________________________________________________________
                 Telephone_______________________________________________________
17. General area of occurrence: Dining hall___Academic___Gym___Admin.___Parking lot____
                 Grounds___Laboratory___Hallway___Office of___________________________
18. Specific area of occurrence________________________________________Room______________
19. Physical injury: part of body injured (ONLY ONE, MOST SERIOUS)
                 Abdomen__Ankle__Arm__Back__Chest__Elbow__Eye__Face__Finger__Foot__Hand__Head__
                 Hip__Knee__Leg__Lip__Neck__Nose__Shoulder__Spine__Teeth__Thigh__Toes__Trunk__Wrist__
20. Type of physical injury: (ONLY ONE)
                 Abrasion__Amputation__Bruise__Burn__Burn(chemical)__Concussion__Cut__Dislocation__
                 Fracture__Laceration__Puncture__Swelling__Tooth(broken)__Sprain__Strain__Other___________
21. Extent of physical injury: Fatal______Major_____Minor____
22. Nature of physical injury: Temporary________Permanent_____________
23. Accident is: Athletic___Academic___Job related___Other___________________________
24. Were safeguards provided? Yes___ No____ If yes, describe______________________________
25. Were safeguards in use? Yes_____ No____ If yes, describe______________________________
26. Are there witnesses? (List in narrative) Yes______ No____________
27. Medical assistance rendered:
                 First aid by staff_____Hospital______Ambulance_______Other__________________________________
28. Name and address of physician

________________________________________________________________________

________________________________________________________________________

29. Name and address of hospital

________________________________________________________________________

________________________________________________________________________

30. Has employee returned to work? Yes ___ No ___ (If yes, date: mm/dd/yy ___________________)

31. Does the employee have restricted duties? Yes ___ No _____

32. Supervisor notified? Yes ___ No ___ Date/Time __________________________________________________________________

33. Name of supervisor __________________________________________________________________

NARRATIVE: Give a brief description of who, what, where, when, how, etc.) List witnesses names and addresses.

<table>
<thead>
<tr>
<th>Witness Name</th>
<th>Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>____________</td>
<td>_______</td>
</tr>
<tr>
<td>____________</td>
<td>_______</td>
</tr>
<tr>
<td>____________</td>
<td>_______</td>
</tr>
</tbody>
</table>

Report completed by: ____________________________ Title ______________ Date ____________

Safety supervisor’s signature ____________________________ Title ______________ Date ____________