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 Chris Chamberlin (215.584.7083) 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.

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



INJURY/ **ILLNESS**

Non-emergency 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/in	jury		
Name of injured (First)	(Last)		
	'Arch/Eng		
Name of witness (First)	(Last)		
☐ Student: Art/	Arch/Eng Faculty Staff Visitor		
Contact info for injured (cell ph	one preferred)		
Contact info for witness (cell ph	none preferred)		
Describe the accident/injury (B	e 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**

- Return this form to a guard and if possible, also fax to 212.353.4011
- File a report with the Ninth Precinct 321 E 5th Street 212.477.7811

Signature

Date of incident	Time	Date & time this form was filled out		
Name of victim (First)	(Last)			
☐ Student: Art/Arch/E	ng 🗌 Faculty 🗌 Staff 🗎 Visitor			
Cell phone	l	Email		
Describe incident/Items stolen (in	clude value)			
Was this reported to the police?	☐ Yes ☐ No			
Were any items recovered at a later time? If so, where and when were they found and is anything still missing?				
			(continue on reverse)	
Was there any suspicious characters around when the theft occurred? If so, please describe.				
			(continue on reverse)	
			(continue on reverse)	

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INCIDENT REPORT

Description continued				