Reporting Work-Related Fatalities and Injuries

You will need to have the following information available to complete the online form:

- Date and time accident being reported to the OSH Division

Employer/Establishment Information
- Employer/establishment name
  - Site address
  - Mailing address
  - Number of employees at establishment
  - Type of business (i.e., administration; manufacturing; agriculture; healthcare; construction - If construction, residential or commercial)
  - City code (if known)
  - County code (if known)

- Standard Industrial Classification (SIC) for your industry/company
- North American Industry Classification System (NAICS) for your industry/company

- Reported by (your name)
  - Job title
  - Telephone number
  - Email address

Accident/Scene Information
- Date and time of accident
  - Event address
  - Type of event (i.e., explosion, vehicle, COVID-19, fall, struck-by, heart failure)
  - Event description (brief overview of accident)
  - Type of injury/classification (i.e., fatality, in-patient hospitalization, amputation, loss of an eye)
  - Number of injuries
  - Number hospitalized (if applicable/known)
  - Number missing (if applicable/known)

- Victim(s) name(s)
  - Gender
  - Race
  - Age
  - Date of birth
  - Next of kin (name, address and relationship)
- Employer personnel at the scene (if applicable/known)
  - Name
  - Job title
  - Telephone number

- Who is in charge at the scene (if applicable/known)
  - Name
  - Job title
  - Telephone number