

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