

FFAS-15 (09-19-00)	U.S. DEPARTMENT OF AGRICULTURE Farm and Foreign Agriculture Service	PRIVACY ACT STATEMENT Collection of your social security number is authorized by Executive Order 9397 and will be used solely for the purpose of positive identification. Furnishing this information is voluntary.
<h2 style="margin: 0;">Fatality and Serious Incident Report</h2>		

Part A- General Instructions

Proceed as follows to report a fatality or in-patient hospitalization of 3 or more employees as a result of a work-related incident:

- Complete this form, then provide an oral report to the Area OSHA Office nearest the incident
- All Offices except Counties Offices shall fax to (202) 418-9129, Human Resources Division, Attn: Juliet D. McBride - (County Offices should fax to State Office)

Part B- Reporting Official Information

1. Name and Address of Reporting Agency	2. Name of Reporting Official		3. Job Title		
	4. Telephone Number	5. Date of Incident	6. Time of Incident		
	7. Number of In-Patient Hospitalizations		8. Number of Fatalities		
	9. Name of OSHA Official Notified		10. Date OSHA Notified	11. Time OSHA Notified	

Part C- Employee Information

● Complete this part and provide an oral report for each employee:

12A. Employee Name	12B. Job Title	12C. Date of Birth	12D. Social Security Number
13A. Employee Name	13B. Job Title	13C. Date of Birth	13D. Social Security Number
14A. Employee Name	14B. Job Title	14C. Date of Birth	14D. Social Security Number
15A. Employee Name	15B. Job Title	15C. Date of Birth	15D. Social Security Number
16. Incident Location		17. Name of Agency's On-site Point of Contact	18. Telephone Number

19. Provide a Brief Description of the Incident/Specify consequences (i.e., death, in-patient hospitalization)

20. Signature of Reporting Official	Date
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