Form DI-134 (July 1981)
Exception to SF-91A-92
Approved by Bureau of the Budget
March 1963

U. S. DEPARTMENT OF THE INTERIOR
Safety Management Information System

REPORT OF ACCIDENT/INCIDENT

FIELD REPORT NO.

DATE

1. REPORTING UNIT AND ADDRESS

2. NAME OF PERSON INVOLVED *(last, first, middle initial)*

ADDRESS *(include zip code)*

Use separate form for each person involved

3. AGE

4. SEX
☐ Male
☐ Female

5. SOCIAL SECURITY NUMBER

6. EMPLOYMENT STATUS

7. OCCUPATIONAL CODE
(last digit here)

8. DATE AND TIME OF INCIDENT

YR.	MO.	DAY	HR.	MIN.

9. ACTIVITY

10. STATE IN WHICH INCIDENT OCCURRED

11. TYPE OF ACCIDENT/INCIDENT

12. RESULT OF ACCIDENT/INCIDENT

13. NATURE OF INJURY/ILLNESS

14. SEVERITY OF INJURY/ILLNESS

15. PART OF BODY AFFECTED

16. SOURCE *(What was used, done, contacted, etc?)*

17. HUMAN FACTOR

18. PHYSICAL/ENVIRONMENTAL FACTOR

19. REPORT SENT TO OWCP? YES NO

20. LOST TIME DATA

	MO.	DAY	YR.
a. Date unable to perform regularly established duties			
b. Date returned to work *(Regularly established duties)*			
c. Date returned to work *(Restricted work activities)*			
d. Date terminated			
e. Date permanently transferred to lighter duty			
f. Number of days of restricted work activity			

TO BE COMPLETED BY SAFETY MANAGER ONLY

g. Number of days lost *(Optional)* *(ANSI-Z16.4)*

h. Number of lost workdays *(Required)* *(OSHA-29 CFR 1960.2 (1))*

i. Recordable occupational injury/illness *(OSHA-29 CFR 1960.2 (o))* YES NO

21. PROPERTY OWNERSHIP

22. AMOUNT OF PROPERTY DAMAGE *(Dollars Only)*

a. GOVERNMENT	b. OTHER
$ 0 0	$ 0 0

23. IDENTIFICATION OF PROPERTY INVOLVED *(name, model number, size, make, type, etc.)*

a. Government:

b. Other:

24. NARRATIVE OF ACCIDENT/INCIDENT *(Include who, what, when, where, and how)*

Continue on separate sheet, if necessary

25. CORRECTIVE ACTION TAKEN OR PLANNED

WHEN: *Now* ____________ *Fiscal Year* ____________

Signature and title of reporting official

Initials of Bureau Safety Manager

Signature of reviewing authority

Date

Date