Attention: This form contains information relating to employee health and other privacy concerns and must be used in a manner that protects the confidentiality of employees to the fullest extent possible while the information is being used for occupational safety and health purposes.

FORM CD-137
(Rev. 7/04)
DAO 209-3

U.S. DEPARTMENT OF COMMERCE

Report of Injury, Illness, Accident or Fatality

SAFETY & HEALTH MANAGEMENT INFORMATION

Case: _____ Control: _____

Date Received: _____

Type/Source: _____ / _____

Org. Code: _____

Section 1 **Information About the Employee**

Reason for Report: ☐ Injury ☐ Illness ☐ Accident ☐ Fatality

Name: _____ Date of Birth: _____
(Last, First, M.I.)

Occupation: _____ Phone: _____

Sex: ☐ Male ☐ Female

Date/Time of Accident/Illness: _____ Time: _____ ☐ AM ☐ PM

Duty Station Address, including Line Office and Region:

Location of Incident:

Description of Incident:

Extent of Injury or Illness and Body Parts Affected:

Section 2

Was Medical Treatment provided? ☐ Yes ☐ No
If so, describe? (e.g., medication, treatment, procedures, etc.)

Was this a recordable injury or illness? ☐ Yes ☐ No
Did employee lose time away from work? ☐ Yes ☐ No

Did this incident result in employee being placed on restricted or light duty, or transfer to another job? If so, describe. ☐ Yes ☐ No

Supervisor's Name: _____ Investigation Date: _____

Findings:

Did this incident result in the death of one or more persons, or hospitalization of three or more persons? ☐ Yes ☐ No
If so, notify the Departmental Office of Occupational Safety and Health immediately at (202) 482-4935

Was injury caused by employee's willful misconduct, intoxication, or intent to injure self or another? ☐ Yes ☐ No If yes, describe (Use reverse)

Was the incident a result of violation of established safety policies? ☐ Yes ☐ No If yes, explain (Use reverse)

Has the employee received training to perform this procedure safely? ☐ Yes ☐ No If no, explain (Use reverse)

Are changes necessary in the operations or procedures to prevent this type incident in the future? ☐ Yes ☐ No If yes, explain (Use reverse)

Amount of Property Damage: $ _____

Section 3 Describe corrective action taken:

Date of Completion of corrective action: _____

Supervisor's Signature: _____ Date: _____

Title: _____ Phone: _____

Distribution: Employee, Employee Supervisor, Safety Representative.
Departmental Office of Occupational Safety and Health

INSTRUCTIONS FOR COMPLETING CD-137

When to use this form: This form will be used whenever a safety-related incident occurs. It is crucial to document the steps of the investigation in a timely manner. This form should be completed within 24 hours of the incident.

Completing this form : The employee's first-line supervisor of the department where the incident occurred, their designee, or the first-line supervisor's manager is responsible for the completion of this form. After sections 1, 2, and 3 are completed, the person who completed the form must sign and date the form in the spaces provided at the bottom of the form.

Questions regarding this form. This form was developed by the Department of Commerce, Office of Occupational Safety and Health (OOSH). Members of that office may be contacted at 202-482-4935.

To be Completed by the Supervisor

Reason for Report: Select "Accident" if property damage only.

Name: Provide name as it appears in payroll system.

Occupation: Provide description of job (e.g. Analyst, Chemist, Administrative Assistant).

Date and Time: Provide the date and time of incident. List time as accurately as possible, (e.g. 10 AM not morning).

Duty Station: Provide the official duty station address. Do not use temporary or travel duty stations in this block.

Location of Incident: If incident occurred at the permanent post of duty, provide the most detailed location information possible, including room number.

If the incident occurred while on travel or during temporary duty status, record location in this block.

If incident did not occur on Department of Commerce property, record location in this block.

Description of Incident: Provide detailed information regarding what happened, (e.g. "slipped and fell due to water spilled beneath fountain" rather than "fell").

Extent of Injury of Illness: Describe body parts involved and extent of injury (e.g. broken, sprained, required stitches, severe, mild).

Medical Treatment: Determine if medical treatment was provided and if so, describe the extent, (e.g. first aid, emergency room, hospitalization).

Lost Time: If employee lost time from work due to incident, mark "yes". If unknown at time of form completion, leave blank.

Investigation Date: Insert date supervisor investigation was conducted.

Findings: Provide findings of supervisor's investigation. Use reverse or additional sheets. Attach photos, diagrams, police reports or other available support documentation.

Notifications: If incident resulted in the death of one or more persons or the hospitalization of three or more persons, the Departmental Office of Occupational Safety and Health most be notified immediately on 202-482-4935. Indicate on form if notification was performed.

Amount of Property Damage:
If property was damaged, insert estimated cost of damage.

If no property was damaged, insert "no damage".

Describe Corrective Action: Supervisor's investigation may identify necessary corrective actions, (e.g. repair carpet, provide safety training). Describe recommended corrective actions, including, if known, who will be responsible for completion.

Date of Completion of Corrective Action: List the date of actual completion if known. If not known, provide targeted date for completion.

Distribution of Copies

Retain file copies:

Employee

Employee's Supervisor

Submit, via mail or FAX within **five (5)** working days to:

Bureau Safety Representative (Original Copy)
List of Bureau Safety Representatives available on
http://ohrm.doc.gov/safetyprogram/Safetymanagers.htm

Department of Commerce
Office of Occupational Safety and Health
Room 5001
14th & Constitution Ave., NW
Washington DC, 20230
Telephone: 202-482-4935
FAX: 202-501-1860