



Quality of Work Life Division

Fatality and Serious Incident Report

Complete all applicable information and fax to: Quality of Work Life Division, (202) 720-9686 within 8 hours of the incident.

Report Date:

Report Time (EST):

Name and Job Title of Reporting Official:

Telephone Number of Reporting Official:

Fatality/Incident Date:

Fatality/Incident Time:

Date Reported to OSHA:

Time Reported to OSHA:

Name of OSHA Official Notified:

Phone Number of OSHA Official Notified

EMPLOYEE FATALITY INFORMATION

Name:

Incident Location:

Name of On-Site Point of Contact:

Point of Contact's Telephone Number:

Point of Contact's Fax Number:

DESCRIPTION OF FATALITY / INCIDENT

Describe the events surrounding the fatality / event below.

(If more space is needed, please attach a separate sheet):

For more information, please contact your [agency's safety and health program manager](#).

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We welcome your comments and questions. Send them to: adria.bolston@usda.gov