

**Report of Incident, Injury, Illness,
Motor Vehicle Accident, Property
Damage, or Fatality**

Safety Coordinator/Manager: complete this box

OSHA Log # _____

Date of receipt of this report: _____

OSHA Injury Type: _____

OSHA Source of Injury: _____

DIRECTIONS: Complete ALL questions (# 1 – 24) as thoroughly as possible. Submit completed form within 24 hours to the appropriate supervisor. Supervisor completes # 25 – 31, signs and distributes it according to instructions on the bottom of page 3 of this form.

Form completed by:

1) Full Name and Title: _____

2) Bureau/Operating Unit: _____

3) Phone / Email: _____

4) Date: _____

Reason for report: (Check all that apply)

5) Injury, Illness/Disease, Fatality or in-patient hospitalization of three or more employees (See # 24)

Motor vehicle accident (include estimated repair cost), a SF 91 Motor Vehicle Accident report must be completed

Property damage (other) (include estimated repair cost)

Near miss

Information about the injured/ill employee:

6) Full Name: _____

7) Bureau/Occupation: _____

8) Duty Station: _____

9) Date of hire: _____

Male Female

Information about treatment:

11) Name of Physician/or Health Care provider, if known. _____

12) Was the employee treated in an emergency room? _____

13) Location of Facility (City, Street, State, Zip Code). _____

14) Was the employee hospitalized overnight as an in-patient? _____

15) What type of treatment was received? _____

16) Did this incident result in the employee being placed on restricted or light duty, or transfer to another job? Yes No If yes, explain restricted/light duty position.

16a. Did employee lose any days away from work, other than the day of the injury? Yes No
If yes, how many days? _____

Information about the incident: (Be specific)

17) Location of incident: _____

18a) Date and Day of the Week of the incident: _____

18b) Time of incident: _____

18c) Date employee reported incident: _____

18d) Time employee began work, on the day of the incident: _____

Actions at time of incident:

19) Describe what the employee was doing just before the incident occurred. (Be specific)

20a) Did employee violate any safety rules? Yes No If yes, explain.

20b) Was the action willful misconduct? Yes No If yes, explain.

Description of incident:

21) Describe the incident. (Be specific: e.g., Employee was carrying a heavy box, did not see the steps, and fell down three steps.)

Description of injury / illness:

22) Describe the injury or illness. (Be specific: e.g., Employee twisted left ankle; bruised right shoulder; abrasions on right arm.)

Other information / Fatality:

23) What object or substance directly harmed the employee?

24) If the employee died, when did the death occur?

ATTENTION: Death or in-patient hospitalization of three or more employees as a result of a work-related incident requires immediate notification to the regional Occupational Safety and Health Administration (OSHA) office, the Bureau Safety Coordinator/Manager, and the DOC Office of Occupational Safety and Health (OOSH). For further instructions, refer to DAO 209-3, Injury, Illness, Incident, Fatality and Motor Vehicle Accident Reporting and Investigation.

SUPERVISOR:

Complete questions # 25 – 31, sign, and submit this completed form within five working days according to instruction on the bottom of page 3 of this form.

25) Date of supervisory investigation: _____

26) Describe findings: _____

27) Describe corrective action taken: _____

28) Date corrective action completed: _____

29) Name of Supervisor/Title: _____

30) Bureau/Operating Unit: _____

31) Phone/e-mail: _____

I have made due inquiry into the incident(s) described above and to the best of my knowledge the information provided is accurate and complete.

Supervisor signature: _____ Date: _____

BUREAU SAFETY COORDINATORS/MANAGERS ONLY:

Does this injury/illness meet the definition of an OSHA recordable? _____ If yes, record the injury/illness on your OSHA 300 Log and put the number of the case at the top of this form. Any additional information about this incident?

DIRECTIONS for OSHA recordable injuries: Within 7 calendar days after receiving information that an OSHA recordable work-related injury or illness occurred, this form must be submitted and your OSHA 300 log updated. For OSHA recordkeeping forms go to www.osha.gov.

INSTRUCTIONS FOR COMPLETING CD – 137

Privacy Act Statement: This form contains information relating to employee health and must be used in a manner that protects the confidentiality of the employee to the extent possible while the information is being used for official DOC purposes.

When to use this form: This form will be used to report work-related incidents. This form should be completed within 24 hours of the incident.

Completing this form: The employee's first-line supervisor of the bureau/organization where the incident occurred, their designee, or the first-line supervisor's manager is responsible for completing this form. After all sections are completed, the first-line supervisor or designee who completed the form must sign and date the form in the spaces provided at the bottom of the form.

Information and definitions

Question 5 Reason for Report: Select all that apply.

Questions 5 & 24 Notifications: If incident resulted in the death of one or more persons or the hospitalization of three or more persons, immediately notify your bureau Safety Coordinator/Manager and OOSH at 202-482-4935. Indicate on form if notification was made. The bureau Safety Coordinator/Manager should notify the nearest OSHA office. For instructions, refer to DAO 209-3, Injury, Illness, Incident, Fatality and Motor Vehicle Accident Reporting and Investigation.

Question 5 Amount of Motor Vehicle or Property Damage: If motor vehicle/property was damaged, insert estimated cost of damage. A form SF-91 Operator's Report of Motor Vehicle Accident may also need to be prepared. If no motor vehicle/property damage, insert "no damage."

Question 6 Information about the injured /ill employee, Full Name and Age: Provide name as it appears in payroll system.

Question 7 Address: OSHA requires employee's personal address.

Question 8 & 9 Bureau/Occupation & Duty Station: Give full bureau name and provide description of job (e.g., Analyst, Chemist, Administrative Assistant, etc.) Provide official duty station address (bureau location, etc.) Do not use temporary or travel duty stations. Give the work phone number.

Question 16a Lost Time: If employee lost days from work due to incident, mark "yes." If unknown at time of form completion, write "unknown."

Question 17 Location of Incident: If incident occurred at the official duty station, provide the most detailed location information possible, including room number. If the incident occurred while on travel, telework or during temporary duty status, indicate the specific location. If incident did not occur on Department of Commerce property, give specific location.

Questions 18 Date and Time: Provide the date and time of incident. List date and time as accurately as possible (e.g., Tuesday 9/8/12 - 10:30 AM, not "morning").

Question 21 Description of Incident: Provide detailed information regarding what happened (e.g., "slipped and fell due to water spilled beneath fountain" rather than "fell").

Question 22 Description of Injury /or Illness: Describe body parts involved and extent of injury (e.g., broken, sprained, required stitches; severe, mild).

Question 25 Investigation Date: Insert date supervisor investigation was conducted.

Questions 26 Findings: Provide findings of incident investigator and supervisor's investigation. Use additional sheets, if necessary. Attach photos, diagrams, police reports, or other available support documentation.

Question 27 Describe Corrective Action: Supervisor's investigation may identify necessary corrective actions (e.g., repair carpet, provide safety training, etc.). Describe recommended corrective actions, including, if known, who will be responsible for completion.

Question 28 Date of Completion of Corrective Action: List the date of completion, if known. If not known, provide targeted date for completion.

Distribution of Copies

1. Supervisor submits a signed copy of this report and any supporting documentation **via secure e-mail or by FAX within five (5) working days to:**

Bureau or Organization Safety Coordinator/Manager
[A list of Bureau Safety Coordinators/Managers is available at:
http://hr.commerce.gov/Employees/WorkLifeIssues/DEV01_006462]

AND

2. **In case of the death of any employee from a work-related incident or the in-patient hospitalization of three or more employees as a result of a work-related incident** the Bureau or Organization Safety Coordinator/Manager must submit a signed copy of this report and any supporting documentation **via secure e-mail or by FAX within 24 hours to:**

Department of Commerce, Office of Occupational Safety and Health
14th & Constitution Ave., NW,
Washington DC, 20230
Telephone: 202-482-4935
FAX: 202-482-4075

Keep this form on file for 5 years following the year to which it pertains.

Retain file copies: Bureau Safety Coordinators/Managers, Employee & Employee's Supervisor

Privacy Act Advisory Statement

The Privacy Act of 1974 requires that you be given certain information in connection with this request for information. This form contains information relating to employee health and must be used in a manner that protects the confidentiality of employees to the extent possible while the information is being used for occupational safety and health purposes. The Department must record information about every work-related death and about every work-related injury or illness that involves loss of consciousness, restricted work activity or job transfer, days away from work, or medical treatment beyond first aid. The Department must also record significant work-related injuries and illnesses that are diagnosed by a physician or licensed health care professional. The Department must also record work-related injuries and illnesses that meet any of the specific recording criteria listed in 29 CFR Part 1904.8 through 1904.12.

Prefatory statement of general routing uses

In the event that a system of records maintained by the Department to carry out its function indicates a violation or potential violation of law or contract, whether civil, criminal or regulatory in nature, and whether arising by general statute or particular program statute or contract, or rule, regulation, or order issued pursuant thereto, or the necessity to protect an interest of the department, the relevant records in the system of records may be referred, as routine use, to the appropriate agency, whether federal, state, local, or foreign, charged with enforcing or implementing the statute or contract, or rule, regulation or order issued pursuant thereto, or protecting the interest of the Department.

A record from this system of records may be disclosed, as routine use, to a federal, state or local agency maintaining civil, criminal, or other relevant enforcement information or other pertinent information, such as current licenses if necessary to obtain information relevant to a Department decision concerning the hiring or retention of an employee, the issuance of a security clearance, the letting of a contract, or the issuance of license, grant or other benefit. A record from this system of records may be disclosed, as routine use, to a federal, state, local, or international agency, in response to its request, in connection with the assignment, hiring or retention of an employee, the issuance of a security clearance, the reporting of an investigation of an employee, the letting of a contract, or issuance of license, grant, or other benefit by the requesting agency, to the extent that the information is relevant and necessary to the requesting agency's decision on the matter.

A record from the system of records may be disclosed, as a routine use, in the course of presenting evidence to a court, magistrate or administrative tribunal, including disclosures to opposing counsel in the course of settlement negotiation.

A record from this system of records may be disclosed, as routine use, to a Member of Congress submitting a request involving an individual when the individual has requested assistance for the member with respect to the subject matter of the record.

A record in this system of records which contains medical information may be disclosed, as routine use, to the medical advisor of any individual submitting a request for access to the record under the Act and 15 CFR part 4b if, in the sole judgment of the department, disclosure could have an adverse effect upon the individual, under the provision of 5 U.S.C. 552a(f)(3) and implementing regulation at 15 CFR 4b6.

A record in this system of records may be disclosed, as a routine use, the Office of Management and Budget in connection with the review of private relief legislative as set forth in OMB Circular No. A-19 at any state of the legislation coordination and clearance process as set forth in the Circular.

A record in this system of records may be disclosed, as routine use, to the Department of justice in connection with determining whether disclosure therefore is required by the Freedom of Information Act (5 U.S.C. 552).

A record in this system may be disclosed, as routine use, to a contractor, or agent, of the Department having a need for the information in the performance of the contract, but not operating a system of records within the meaning of 5 U.S.C. 552a(m).

A record in this system may be transferred, as routine use, to the Office of Personnel Management: for personnel research purposed, as a data source for management information, for the production of summary descriptive statistics and analytical studies in support of the function for which the records are collected and maintained, or for related manpower studies. A record in this system may be disclosed to officials of the Office of Personnel Management, Merit System Protection Board, including the Office of the Special Counsel, the Federal Labor Relations Authority and its General Counsel, or the Equal Employment Opportunity Commission, the Department of State, or the Department of Labor when requested in performance of their authorized duties.

The Secretary of Labor shall have access to records and reports kept and filed by the Department pursuant to subsections (a)(3) and (5) of the OSHA Act of 1970 unless those records and reports are specifically required by Executive order to be kept secret in the interest of the national defense or foreign policy, in which case the Secretary of Labor shall have access to such information as will not jeopardize national defense or foreign policy.

A record in this system of records may be disclosed in response to a request for discovery or for appearance of a witness, information that is relevant to the subject matter involved in a pending judicial or administrative proceeding.

A record from this system of records may be disclosed, as a routine use, to the Administrator, General Services, or his designee, during an inspection of records conducted by GSA as part of that agency's responsibility to recommend improvement in record management practices and programs, under authority of 44 U.S.C. 2904 and 2906. Such disclosure shall be made in accordance with GSA regulation governing inspection of records for this purpose, and any other relevant (i.e., GSA or Commerce) directive. Such disclosure shall not be used to make determination about individuals.

A record in this system may be disclosed to any source from which additional information is requested in the course of processing a grievance to the extent necessary to identify the individual, inform the sources of the purpose(s) of the request, and identify the type of information requested.

A record in this system of records may be disclosed to Senior State department officials at U.S. Embassies, including the Ambassador, deputy Chief of Mission, administrative Counselor and Human resources officers, for matters relating to employment of security issues pertaining to Department of Commerce employees working in U.S. Embassies or facilities overseas.