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 (l))*

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	