



**Bureau of Labor Statistics
Census of Fatal
Occupational Injuries Report**

U.S. Department of Labor

This report is authorized by Public Law 91-596. Your voluntary cooperation is needed to make the results of this study comprehensive, accurate, and timely. The Bureau of Labor Statistics, its employees, agents, and partner statistical agencies, will use the information you provide for statistical purposes only and will hold the information in confidence to the full extent permitted by law. In accordance with the Confidential Information Protection and Statistical Efficiency Act of 2002 (Title 5 of Public Law 107-347) and other applicable Federal laws, your responses will not be disclosed in identifiable form without your informed consent.

Form Approved
OMB No. 1220-0133
Approval Expires
X/XX/20XX

ID

The Bureau estimates that it will take from 10 to 30 minutes to complete this form, with an average of 20 minutes, including time for gathering the information needed and completing the form. If you have any comments regarding this estimate or any other aspect of this data collection, including suggestions for reducing this burden, you may send them to the Bureau of Labor Statistics, CFI Program, 2 Massachusetts Avenue, NE, Room 3180, Washington, D.C. 20212-0001. Do not send the completed form to this address. You do not have to complete this form if it does not display a currently valid OMB Control Number.

Return to:

For assistance call:

Instructions: Some information about the incident is already provided on this form. Please review this information and do the following:

- **Correct** any inaccurate information.
- **Add** any missing information.
- If you cannot answer a question, please **indicate** that you do **NOT** have sufficient information to answer the question.
- Please **contact** us if you have any questions regarding this form.

SECTION I. DECEASED WORKER AND EMPLOYER

NAME: _____

1. Legal name: *(Please print):*

(Middle) (Last) (First)

2. Social Security Number: _____

3. Employer at the time of the incident:

(Company name)

(Street address)

code) (City) (State) (Zip
(_____)

(Area code) (Phone number)

BLS CFOI - 1

4. Date of birth:

(Year) _____ (Month) _____ (Day) _____

5. Ethnicity and race: (Select one or more)

- ☐ American Indian or Alaska Native ☐ Asian
- ☐ Black or African American ☐ Hispanic or Latino
- ☐ Native Hawaiian or Other Pacific Islander ☐ White

6. Sex: ☐ Male ☐ Female

7. In what state did the deceased reside?

SECTION II. EMPLOYMENT INFORMATION

1. Which of the following BEST describes the deceased's employment status at the time of the incident? (Check only **ONE**)

- ☐ Active duty, Armed Forces
- ☐ Self-employed, partner, owner of the business, or professional practice → Check only **ONE**:
- ☐ incorporated
- ☐ unincorporated
- ☐ Working for the family business
- ☐ Working for pay or other compensation (such as room and board) in other than the family business
- ☐ Working as a volunteer without pay or other compensation
- ☐ Other [Please specify:] _____
- ☐ Don't know

2. Occupation of deceased at the time of the incident: [Examples include: cashier, drywall installer, farm foreman]

3. How long did the deceased work in the position held at the time of the incident?

years months (if less than 1 year)

4. How long was the deceased employed at the company or business?

years months (*if less than 1 year*)

5. How long did the deceased work in this occupation?

years months (*if less than 1 year*)

6. Which of the following best describes the type of employer the deceased was employed by? (Check only **ONE)**

- | | |
|---|---|
| ☐ a private company or self-employed | ☐ a Federal government agency |
| ☐ a local government agency | ☐ a foreign or international government |
| ☐ a State government agency
agency regional | ☐ other governmental body, such as a
or interstate commission |

7. Describe the nature of the business or the main type of activity performed by the employer at the establishment. *[Examples include: manufacturer of storage batteries, grocery store, computer programming services, etc.]*

8. On average, about how many persons work for the employer at the actual location or worksite where the incident occurred? (Check only **ONE**)

☐ 1-10 ☐ 11-19 ☐ 20-49 ☐ 50-99 ☐ 100 or more ☐ don't know

9. Please describe the type of business the deceased worked in the longest during his/her lifetime (for example: *grocery store, dairy farm, automotive repair, etc.*):

10. In what occupation did the deceased work the longest during his/her lifetime? _____

SECTION III. INFORMATION ABOUT THE INCIDENT
--

1. Date of death:

_____ (Month) _____ (Day) _____ (Year)

2. State in which death occurred:

3. Date the incident occurred:

_____ (Month) _____ (Day) _____ (Year)

4. Where did this incident occur?

State:

County:

Type of location *[Examples include: farm, highway, bank, etc.]*:

5. Did the incident occur on the employer's premises?

☐ no

☐ yes → **If YES, where did the incident occur?**

cafeteria

☐ in a work area

☐ in a hallway, stairway, rest room, or

☐ in the company parking lot

☐ some other place, *please specify:*

☐ on an outside walkway

☐ in a recreational area

☐ don't know

6. What was the deceased doing at the time of the incident? (Mark **ALL** that apply.)

- ☐ commuting to or from usual work location
- ☐ job-related errand or travel other than commuting to or from work
- ☐ attending training provided or required by the employer
- ☐ routine or typical work activity [Please specify]:

-
- ☐ other activity on the employer premises:
 - ☐ work-related activity [Please specify]:

-
- ☐ non-work-related activity [Please specify]:

-
- ☐ non work-related personal business
 - ☐ don't know

7. What time did the incident occur?

Check only **ONE**: ☐ AM ☐ PM

8. What time did the deceased's workday begin on the day the incident occurred?

Check only **ONE**: ☐ AM ☐ PM

9. The injury/illness resulted from: (Check the **MOST** accurate statement.)

- ☐ an incident, such as a fall, explosion, shooting, etc.
- ☐ an exposure to a chemical, substance, or environmental factor lasting a day or less
- ☐ an exposure to a chemical, substance, or environmental factor lasting more than a day
- ☐ heart attack/stroke
- ☐ natural causes other than heart attack or stroke
- ☐ other [Please specify]:

10. Please provide more specific details to describe the injury/illness and the events which

resulted in the injury/illness:

a. Include information about how the injury/illness occurred.

b. Identify any equipment, objects, or substances involved in the incident and describe

how they were involved. (Please use additional pages if more space is needed.)

SECTION IV. RESPONDENT IDENTIFICATION

Please provide the following information:

1. Your name:

2. Your job title:

3. Your daytime phone number: ()

(Area code)(Phone number)

4. Date you completed this form:

(Year)(Month)(Day)

