

## Serious Event Reporting Portal

You are required to report to OSHA within 8 hours of learning of any work-related fatality.

You are also required to report to OSHA within 24 hours of:

1. Any work-related injury or illness that results in a person being in-patient hospitalized.
2. Any work-related injury that results in an amputation or loss of an eye.

[Report a Serious Event](#)

WARNING Government System. Use Constitutes Consent to privacy policy.

### WARNING....WARNING....WARNING....WARNING

You are accessing the US. Government Information system that is owned and operated by the Department of Labor.

THERE IS NO EXPECTATION OF PRIVACY WHEN ACCESSING THIS SYSTEM.

The Department of Labor information systems are provided for the processing of official U.S. Government information only, and are therefore, owned by the Department of Labor. Authorized users are responsible for the proper handling of the Government data equipment and resources which they access.

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Fraud and related activity in connection with computers is prohibited by Title 18, U.S. Code Section 1030. Furthermore, this law states that intentionally accessing a computer without authorization or exceeding authorized access and thereby obtaining information from any department or agency of the United States is prohibited and subject to civil and criminal penalties, including (but not limited to), punishment by fine and/or imprisonment.

Additionally, DOL may provide law enforcement with any potential evidence of a crime found on aforementioned systems in order for them to investigate such offenses.

### WARNING....WARNING....WARNING....WARNING

OMB Control Number: 1218-0176

Expiration Date: June 1, 2016

Public reporting for this collection of information is estimated to average 20 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Persons are not required to respond to the collection of information unless it displays a currently valid Office of Management and Budget Control Number. If you have any comments regarding this estimate or any other aspect of this information collection, including suggestions for reducing this burden, please send them to OSHA's Office of Statistical Analysis, Room N-3644, 200 Constitution Avenue, NW, Washington, DC 20210.

**Incident Location** Incident Info Victims Info Contact Info Business Info Summary

**Enter Information About The Location Where Incident Occurred**

Name of Location (or Description)

Street Address

Street Address (cont.)

City

State

County

Zip

GPS Coordinates

\* OSHA Area Office

Incident Location **Incident Info** Victims Info Contact Info Business Info Summary

### Enter Information About the Incident

\* Date and Time Incident Occurred: 19-Aug-2014 01:13 PM

\* What happened?

Additional Information

Please provide any other information you believe is important for OSHA to know about this incident. For example, you may indicate what steps have been taken to remove the hazard that led to the incident. If there were workers of multiple employers involved, you can indicate this is a multi-employer incident. If the incident involved temporary help, contract or similar workers, you may note that.

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Tell us how the injury occurred. EXAMPLES: 'When ladder slipped on wet floor, worker fell 20 feet'; 'A piece of concrete flew up and struck the employee in the eye'; 'The chain saw fell from the employee's grasp and struck his hand.'

Incident Location Incident Info **Victims Info** Contact Info Business Info Summary

### Enter Information About Each of the Victims

List of Victims

First Name of Victim	Last Name of Victim	Description of Injury	Fatality	Hospitalized	Amputation	Loss Of An Eye
			N	N	N	N

[+ Add Another Victim](#)

Enter Information About This Victim

\* First Name   
\* Last Name

What was the employee doing just before the incident occurred?

\* What was the injury or illness?

What object or substance directly harmed the employee?

Fatality   
Hospitalized   
Amputation   
Loss Of An Eye

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Tell us the part of the body that was affected and how it was affected; be more specific than 'hurt', or 'cut'. EXAMPLES: 'fractured skull'; 'loss of right eye'; 'amputated third and fourth fingers on right hand.'

**Enter Information For One or More Persons Who OSHA Can Contact About This Incident**

List of Contacts

First Name	Last Name	Title	Work Phone	Cell Phone	Email Address

[+ Add Another Contact](#)

**Enter Information About Person For OSHA to Contact**

\* First Name

\* Last Name

\* Title

\* Work Phone

Cell Phone

\* Email Address

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### Employer Information

\* Legal Business Name   
Other Name   
Street Address   
Street Address (cont.)   
City   
State   
Zip

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Incident Location Incident Info Victims Info Contact Info Business Info **Summary**

**Review the Information and Submit this Report**

**Incident Information**

Time Incident Occurred 08-Aug-2014 05:36 PM  
Description of Incident Employee fell 12 feet from roof  
Comments project has been halted  
# of Fatalities 1  
# of Other Reportable Incidents 0

**Incident Location**

Name of Location or Description Joe's Roofing Company  
Street Address 123 Main Street  
Street Address (cont.)  
City Anywhere  
State Alabama  
County Autauga County  
Zip  
GPS Coordinates  
Area Office Mobile

**Victim Information**

FirstName	LastName	InjuryDescription	Fatality	Hospitalized	Amputation	Loss Of An Eye
John	Doe	broken neck	Y			

**Contact Information**

First Name	Last Name	Title	Work Phone	Cell Phone	Email Address
Dave	Smith	Forman	(123) 456-7890	(123) 456-3214	smithd@jcc.com

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Incident Location Incident Info Victims Info Contact Info Business Info **Summary**

Return to Location on Map

Street Address 123 Main Street  
Street Address (cont.)  
City Anywhere  
State Alabama  
County Autauga County  
Zip  
GPS Coordinates  
Area Office Mobile

### Victim Information

FirstName	LastName	InjuryDescription	Fatality	Hospitalized	Amputation	Loss Of An Eye
John	Doe	broken neck	Y			

### Contact Information

First Name	Last Name	Title	Work Phone	Cell Phone	Email Address
Dave	Smith	Forman	(123) 456-7890	(123) 456-3214	smithd@jcc.com

### Business Information

Legal Name of Business Joe's Construction Company  
Other Business Name JCC Inc.  
Street Address 321 Elm Street  
Street Address (cont.)  
City Anywhere  
State Alabama  
Zip 36006





Incident Location Incident Info Victims Info Contact Info Business Info Summary

Name of Location or Description Joe's Building Company

Street Address 123 Main Street

Street Address (cont.)

City Anywhere

State Alabama

County Autauga County

Zip

GPS Coordinates

Area Office Mobile

**Incident Report Receipt email to be sent to the Employer**

Your notification to OSHA of a work-related fatality or severe injury or illness was successful. Your report ID is 68. You reported 1 fatalities and 0 in-patient hospitalizations/amputations/loss of an eye. Your report was submitted to OSHA at 08/08/2014 05:36 PM GMT.

Your report has been forward to the Mobile Area Office of OSHA. If you wish to contact that office for further discussion, the contact information is available at <http://www.osha.gov/html/RAMap.html>.

Please keep a copy of this e-mail for your records.

OK

**Business Information**

Legal Name of Business Joe's Construction Company

Other Business Name JCC Inc.

Street Address 321 Elm Street

Street Address (cont.)

City Anywhere

State Alabama

Zip 36006

Submit This Report

Discard All Information - Do Not Submit

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