U.S. Department of Labor

Bureau of Labor Statistics Census of Fatal Occupational Injuries Report

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4.	4. Date of birth: (Month) (Day)	(Year)
5.	5. Ethnicity and race: (Select one or more: if unknown leave blank)
	 American Indian or Alaska Native Black or African American Native Hawaiian or Other Pacific Islander W 	ispanic or Latino
6.	6. Gender: 🛛 Male 🗳 Female	
7.	7. In what state did the deceased reside?	
	SECTION II. EMPLOYMENT IN	FORMATION
1.	 1. Which of the following BEST describes the deceased's employ the incident? (Check only ONE) Active duty, Armed Forces Self-employed, partner, or owner of a business, farm, or profes (Check only ONE: incorporated uning Working for the family business, except owner (includes paid of Working for pay or other compensation (such as room and boal Working as a volunteer without pay or other compensation Other (Please specify:) Don't know 	ssional practice corporated) or unpaid work) ard) in other than the family business
2.	2. Occupation of deceased at the time of the incident: (Examples farm foreman)	-
3.	3. How long did the deceased work in the position held at the time years months (if less the	
4.	4. Which of the following <u>best</u> describes the type of employer the only ONE)	eceased was directly employed by? (Check
	 □ a local government agency □ a foreign c □ a State government agency □ other government agency 	government agency r international government agency rrnmental body, such as a regional re commission

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

6.			/ many persons v ident occurred?		irect employer at the NE)	actual location or	
	1 -10	□ 11-19	20-49	□ 50-99	□ 100 or more	don't know	
			SECTION III	. INFORMATI	ON ABOUT THE INCI	DENT	
1.	Date of	death:	(Month)	(Da	y) (Yeai	·)	-
						, 	_
-			(Month)	(D	ay) (Year)		-
4.	Where o	lid this incident	occur?				
	Stat	te:					_
							_
	Тур	e of location(E	Examples include:	farm, highway	/, bank, etc.):		
5.		No	on the direct emp ES, where did the				
			company parking	lot 🛛 som	hallway, stairway, rest e other place (<i>Please</i> s	specify):	
		on an outside walkwayin a recreational area			know		
6.	Was the employ for the o	e site where the er, or was the e operations at th	employee was w mployee working e site?	vorking at the g at a site whe	time of the incident u ere a different compa	under the control of ny exercised overall	his/her direct responsibility
	Differ a.	at the establish a dishwasher. T	ature of the busin ment. (For exam The direct employed	ple, a plumber er is the repair	by: ain type of activity pe for a repair firm was k firm since it paid the pl nsibility for the operatic	illed while working at umber's wages. The	a restaurant to fix
		- Which of the fo ONE)	llowing <u>best</u> des	cribes the typ	e of employer this di	fferent company is?	Check only
	🗆 a	a private compan			a Federal government		
		a local governme a State governme			a foreign or internation other governmental bo or interstate commissio	dy, such as a regiona	

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

- □ normal commute between home and 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
- 8. What time did the incident occur? Check only ONE: AM A PM
- 9. What time did the deceased's workday begin on the day the incident occurred?
- **10.** The injury/illness resulted from: (Check the MOST accurate statement.)
 - \Box 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): ______
- 11. 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: