

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

**U.S. Department of Labor**





6. On average, about how many persons work for the direct 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

**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 direct employer's premises?

- No  
 Yes → **If YES, where did the incident occur?**

- |   |  |
|---|--|
| <input type="checkbox"/> in a work area             | <input type="checkbox"/> in a hallway, stairway, rest room, or cafeteria |
| <input type="checkbox"/> in the company parking lot | <input type="checkbox"/> some other place (Please specify): _____        |
| <input type="checkbox"/> on an outside walkway      |  |
| <input type="checkbox"/> in a recreational area     | <input type="checkbox"/> don't know                                      |

6. Was the site where the employee was working at the time of the incident under the control of his/her direct employer, or was the employee working at a site where a different company exercised overall responsibility for the operations at the site?

- Direct employer  
 Different company → **If different company:**

a. Describe the nature of the business or the main type of activity performed by this different company at the establishment. (For example, a plumber for a repair firm was killed while working at a restaurant to fix a dishwasher. The direct employer is the repair firm since it paid the plumber's wages. The different company is the restaurant since it exercised overall responsibility for the operations at the site)  
\_\_\_\_\_

b. Which of the following **best** describes the type of employer this different company is? (Check only **ONE**)

- |  |   |
|--|---|
| <input type="checkbox"/> a private company         | <input type="checkbox"/> a Federal government agency  |
| <input type="checkbox"/> a local government agency | <input type="checkbox"/> a foreign or international government agency                         |
| <input type="checkbox"/> a State government agency | <input type="checkbox"/> other governmental body, such as a regional or interstate commission |

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  PM

9. What time did the deceased's workday begin on the day the incident occurred?  Check only ONE:  AM  PM

10. 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): \_\_\_\_\_

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.)

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**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: \_\_\_\_\_  
(Month) (Day) (Year)