

Occupational Safety and Health Administration
Form No. OSHA 6-40.1.
Serious Event Reporting Online Form

Validation Check - Enter State of Event to determine reporting requirements.

*State

Validation Check Clear Form

NOTE: For employers covered by Federal OSHA that are located in State Plan States, to make a report

- Call the nearest OSHA office.
- Call the OSHA 24-hour hotline at 1-800-321-6742 (OSHA).

OMB Control Number: 1218-0176 Expiration Date: June 30, 2018

Public reporting for this collection of information is estimated to average 30 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 OSHAPRA@dol.gov or to OSHA's Office of Statistical Analysis, Room N-3644, 200 Constitution Avenue, NW, Washington, DC 20210.

Occupational Safety and Health Administration
Serious Event Reporting Online Form

Items noted with an asterisk (*) are required in order to accept your submission.

Information about the location where the incident occurred

*Name of Location (or Description)

Street Address 1

Street Address 2

*City

*State

*County

*Zip

GPS Coordinates

Information about the incident

Serious Event Reporting x
Secure | https://www.osha.gov/pls/ser/serform.validate

Information about the incident

*Date incident occurred ex. mm/dd/yyyy
*Time incident occurred ex. 2245
*What Happened?

Additional Information

Number of Fatalities
Number of Hospitalizations

Employer Information

*Legal Business Name
Other Name
*Street Address 1
Street Address 2
*City
*State
Zip

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Serious Event Reporting x
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Zip

Information for persons who OSHA can contact

Contact #1

*First name
*Last name
*Title
*Work Phone
Cell Phone
*Email Address

Contact #2

First name
Last name
Title
Work Phone
Cell Phone
Email Address

Information for Each of the Victims

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Information for Each of the Victims

*Victim First name

*Victim 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?

Was there a fatality?

Yes

No

Was victim hospitalized?

Yes

No

Was there an amputation?

Yes

No

Was there the loss of an eye?

Yes

No

Was there a fatality?

Yes

No

Was victim hospitalized?

Yes

No

Was there an amputation?


Yes

No

Was there the loss of an eye?

Yes

No

 **UNITED STATES
DEPARTMENT OF LABOR**

<p>Occupational Safety and Health Administration 200 Constitution Ave., NW, Washington, DC 20210 T 800-321-6742 (OSHA) TTY www.OSHA.gov</p>	<p>FEDERAL GOVERNMENT White House Affordable Care Act Disaster Recovery Assistance USA.gov Plain Writing Act Recovery Act No Fear Act U.S. Office of Special Counsel</p>	<p>OCCUPATIONAL SAFETY AND HEALTH Frequently Asked Questions A - Z Index Freedom of Information Act Read the OSHA Newsletter Subscribe to the OSHA Newsletter OSHA Publications Office of Inspector General</p>	<p>ABOUT THE SITE Freedom of Information Act Privacy & Security Statement Disclaimers Important Web Site Notices Plug-ins Used by DOL RSS Feeds from DOL Accessibility Statement</p>
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View SER Submission | O: x

Secure | <https://www.osha.gov/pls/ser/serform.submit>

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Serious Event Report

Please choose an option to complete your submission:

Do you want to add another victim or complete the report?

Information about the location where the incident occurred

Name of Location (or Description):	Location
City:	City
State:	Colorado
County:	County
Zip:	80246

Information about the incident

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View SER Submission | O: x

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Information about the incident

Date incident occurred:	06/05/2018
Time incident occurred:	2245 (Time Zone: America/Denver)

What Happened?:
What happened

Number of Fatalities:	0
Number of Hospitalizations:	0

Employer Information

Legal Business Name:	Legal business name
Street Address 1:	Street address
City:	City
State:	Colorado
Zip:	99999

Information for persons who OSHA can contact

Contact #1

First name:	Firstname
Last name:	Lastname
Title:	Title
Work Phone:	999-999-9999
Email Address:	janedoe@example.com

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View SER Submission | O: x

Secure | https://www.osha.gov/pls/ser/serform.submit

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Title: Title
 Work Phone: 999-999-9999
 Email Address: janedoe@example.com

Information for Each of the Victims

Victim First name: Firstname
 Victim Last name: Lastname

What was the injury or illness?
 Injury or illness

Was there a fatality?: N
 Was victim hospitalized?: N
 Was there an amputation?: N
 Was there the loss of an eye?: N

UNITED STATES DEPARTMENT OF LABOR

Occupational Safety and Health Administration
 200 Constitution Ave., NW,
 Washington, DC 20210
 800-321-6742 (OSHA)
 TTY
 www.OSHA.gov

FEDERAL GOVERNMENT

White House
 Affordable Care Act
 Disaster Recovery Assistance
 USA.gov
 Plain Writing Act
 Recovery Act
 No Fear Act
 U.S. Office of Special Counsel

OCCUPATIONAL SAFETY AND HEALTH

Frequently Asked Questions
 A - Z Index
 Freedom of Information Act
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 Plug-ins Used by DOL
 RSS Feeds from DOL
 Accessibility Statement

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Add Another Victim | O: x

Secure | https://www.osha.gov/pls/ser/serform.victim_html?p_submit_id=1363344849

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Serious Event Reporting Online
Add Another Victim

Items noted with an asterisk (*) are required in order to accept your submission.

Information for Each of the Victims

*Victim First name
 *Victim Last name

What was the employee doing just before the incident occurred?

*What was the injury or illness?

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Browser window: Add Another Victim | Occ: x
Address bar: https://www.osha.gov/pls/ser/perform.victim_html?p_submit_id=1363344849
Tabs: Apps, New Tab, Imported From IE, Welcome to Occupa..., BMC Remedy Mid T..., Log in | Occupati..., Township and Rang..., SALIF KEITA - YouTul..., JFK TEARSHEET MAP..., Board of Education..., Montgomery_Count...

***What was the injury or illness?**


What object or substance directly harmed the employee?

Was there a fatality?
 Yes
 No

Was victim hospitalized?
 Yes
 No

Was there an amputation?
 Yes
 No

Was there the loss of an eye?
 Yes
 No

 **UNITED STATES DEPARTMENT OF LABOR**

OCCUPATIONAL SAFETY AND HEALTH ADMINISTRATION
200 Constitution Ave. NW

FEDERAL GOVERNMENT
White House

OCCUPATIONAL SAFETY AND HEALTH
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