

UNITED STATES  
DEPARTMENT OF LABOR



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## Mechanical Power Presses Injury Form

In accordance with 29 CFR 1910.217(g) employers must report within 30 days all point of operations injuries to operators or other employees. Employers may either mail the following information to the following address: Directorate of Standards and Guidance (insert footnote stating formerly Director of Safety Standards) OSHA, U.S. Department of Labor, Washington D.C. 20210, or the State agency administering a plan approved by the Assistant Secretary of Labor for Occupational Safety and health; or, employers may email the information by completing the following items.

OMB Control Number: 1218-0070

Expiration Date: October 31, 2018

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 Engineering Safety, Room N-3609, 200 Constitution Avenue, NW, Washington, DC 20210.

Start Form

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

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### Mechanical Power Presses Injury Form

1. Employer's Name

2. Address of establishment

City

State

Zip Code

3. Employee's Name

4. Describe the type of Injury sustained

Type of task being performed when injury was sustained

5. Type of clutch used on the press

6. Type of safeguard(s) being used

7. Cause of the accident

8. Type of feeding

9. Means used to actuate press stroke

10. Number of operators required for the operation

11. Number of operators provided with controls and safeguards

**\*\* Response to Item 12 is voluntary \*\***

12. What corrective action has been taken, if any

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