

**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 establishment of the direct employer? (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 |

